

Survey of Consumers and Providers of FSSA Services

October 2006

FSSA Evaluation Committee

Indiana Legislative Services Agency

Legislative Evaluation and Oversight

The Office of Fiscal and Management Analysis is a Division within the Legislative Services Agency that performs fiscal, budgetary, and management analysis. Within this office, teams of program analysts evaluate state agency programs and activities as set forth in IC 2-5-21.

The goal of Legislative Evaluation and Oversight is to improve the legislative decision-making process and, ultimately, state government operations by providing information about the performance of state agencies and programs through evaluation.

The evaluation teams prepare reports for the Legislative Council in accordance with P.L. 197 of 2003. The published reports describe state programs, analyze management problems, evaluate outcomes, and include other items as directed by the Legislative Evaluation and Oversight Policy Subcommittee of the Legislative Council. The report is used by an evaluation committee to determine the need for legislative action.

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Executive Summary

Legislation adopted in 2005 recommended a survey of consumers and providers of FSSA services. The Legislative Council assigned the survey to the FSSA Evaluation Committee, which was formed in 2004 to receive a report about the organizational structure of the Office of the Secretary of FSSA prepared by the Legislative Services Agency (LSA) under IC 2-5-21.

LSA undertook the survey on behalf of the FSSA Evaluation Committee, designing two separate surveys – one for the consumers and one for the service providers. LSA performed the survey of service providers. With the approval of the Committee, LSA contracted with the Survey Research Center at IUPUI to perform the consumer portion of the survey.

There are over 1.0 M FSSA service consumers, and a statistically significant sample of the population would result in a costly survey. Also, quality and satisfaction reports about certain programs are already prepared by or for FSSA. In order to limit the scope of the survey in an attempt to contain costs while still providing new information for legislative purposes, it was determined that the study should focus on one group of consumers. The Temporary Assistance to Needy Families (TANF) beneficiaries were selected. The survey of the TANF beneficiaries was completed by the Survey Research Center at IUPUI, and it is reported in a separate section of the report.

The survey prepared by LSA included medical services providers, such as physicians, dentists, pharmacies, home health care providers, etc; long-term care facilities; child care providers; mental health and addiction providers; area agencies on aging; and child care intake providers. The number of surveys received in total was well above the number needed to have a confidence level of 95% and a confidence interval of 5%. However, by provider type, the number of surveys received increased the confidence interval, meaning that the answers by provider types are less reliable.

The written survey, which consisted of 36 questions, was mailed to a randomly chosen sample of providers. A second mailing was sent to those who had not responded to the first request. The questions mostly required a closed response, except for the last question which was open-ended. The responses were tabulated for frequency and, where applicable, were reviewed for patterns by provider type.

The responses were often dispersed among the response alternatives. However, the survey results reflected well on the relationship between FSSA and its service providers while showing areas that could be opportunities for FSSA in interaction with its service providers. The results that reflected well included:

1. Payments to service providers are usually timely and accurate and occur within two to three weeks.
2. Most service providers agree that programs and services for vulnerable populations should be managed under an umbrella organization.
3. Service providers believe that the divisions of FSSA work together to positively affect the quality of services and programs. Also, in the opinion of providers, multi-problem or dually diagnosed individuals have access to the programs and services that address most of their needs.
4. Service providers mostly agreed or somewhat agreed that FSSA resolves issues concerning clients and that questions get answered by FSSA staff.
5. FSSA provides sufficient access to information about programs, and the provider information is useful in the providers' daily work.
6. Service providers believe that problems or questions with FSSA concerning clients are resolved in a timely manner, that telephone calls receive responses within a week, and that requests for information on program changes are also received within a week.

The areas of opportunity for FSSA include:

1. Systems or methods for reporting serious or minor problems.
2. Inter-agency communications concerning multi-problem or dually diagnosed clients.
3. Explaining policy or procedure changes.
4. The amount of administrative work required.
5. The communication channels for program changes, and grant and new program information.
6. Computerized record transfers between providers or geographic locations.

Pursuant to IC 2-5-21, the Legislative Services Agency (LSA) annually conducts an evaluation of a state agency or a program as directed by the Legislative Council. LSA prepares a report and presents the report for review to a committee appointed by the chairman of the Legislative Council. In 2003, legislation was passed (P.L. 197-2003) which required the topic of the LSA evaluation to be the organizational structure of the Office of the Secretary of Family and Social Services (FSSA) and its relationship with other agencies that provide health and human services programs. The report was presented to the FSSA Evaluation Committee in August 2004. SCR 7-2005 was adopted the following legislative session recommending the FSSA Evaluation Committee survey FSSA service providers and consumers. In the following interim, the Legislative Council voted to continue to review issues related to FSSA as recommended by SCR 7-2005.

SCR 7-2005 recommended that the FSSA Evaluation Committee undertake a survey of providers and consumers of FSSA services in an attempt to solve existing problems within the agency. During the 2005 interim, the FSSA Evaluation Committee asked LSA to undertake the survey on its behalf. At the recommendation of the FSSA Evaluation Committee, legislation was enacted in 2006 (P.L. 90-2006) requiring FSSA to give LSA access to confidential FSSA beneficiary information for the sole purpose of conducting a consumer survey. As a result, the FSSA service provider and consumer surveys were conducted for presentation during the 2006 interim. LSA has worked with FSSA Evaluation Committee leadership to develop a methodology and questionnaires to conduct the provider and consumer surveys as requested in SCR 7-2005.

LSA conducted a mail survey of randomly selected FSSA service providers and, under a contract with LSA, the Survey Research Center at IUPUI conducted a telephone survey of randomly selected FSSA service recipients. The results of the two surveys are reported separately in two sections within this report.

Background on the Service Provider Survey

A questionnaire used by LSA in 2004 to survey FSSA service providers for the evaluation of the organizational structure of the Office of the Secretary of Family and Social Services served as the foundation for the current service provider survey. However, the 2004 survey questionnaire was altered to address the following three topics:

1. Payment adequacy and timeliness.
2. Communications with FSSA including problem resolution, new policy or procedure communication, and/or timeliness of communications.
3. Paperwork requirements and/or the effects of technology on these requirements.

LSA conducted the FSSA service provider survey. Written questionnaires were mailed to randomly selected service providers from six service provider groups. Provider groups were selected for inclusion in the survey because mailing addresses for the providers were readily available on the FSSA and the Indiana Department of Health (IDOH) websites.

Before developing the survey methodology and questionnaire, LSA hired a consultant to help identify the types of information that might be derived from the surveys. With the consultant, LSA explored different types of survey methods and recommended to the FSSA Evaluation Committee that LSA conduct a written survey of the service providers.

The FSSA and IDOH websites were reviewed to find what service provider address information was available. It was determined that street addresses were available for child care providers, medical services providers, long-term care facilities, area agencies on aging, child care intake providers, and mental health and addiction service providers. Later, certain problems extracting the information from the websites were identified, and FSSA was contacted to provide address lists. The following table provides information on the address sources for service providers included in the survey.

Service Provider Type	Address Source	Comments
Child Care Providers – Ministries Centers Homes	Child Care Finder (FSSA website) Child Care Finder (FSSA website) FSSA provided	The Child Care Finder lists all licensed child care ministries, centers, and homes. However, the addresses for child care homes are not listed on the website (for security purposes). Not all licensed child care providers are eligible to receive Child Care Development Funds (CCDF) and many license-exempt child care homes do receive CCDF funds. It is estimated that about 90% of the licensed providers were eligible to receive funds, although fewer than 90% may actually serve families that use the vouchers.
Area Agencies On Aging	FSSA website	
Mental Health and Addiction	FSSA website	The facilities are available by type of service provided and city. The providers were cross-checked to remove duplicates.
Child Care Intake	FSSA website	Some agencies contracted as child care intake providers also contract with FSSA to provide other services. For example, one agency is both a child care intake provider and an area agency on aging provider.
Long-Term Care Facilities	IDOH website	The website listed facility beds by payment type in one of five categories. One category combined Medicaid and Medicare beds resulting in some service providers being sampled who did not provide Medicaid services.
Medical Services	FSSA provided	FSSA prepared a count of Medicaid providers including long-term care facilities indicating there were 10,766 providers. When a final listing of these providers was received, there were over 80,000 separate providers listed. Each member of a group practice was listed separately. In addition, the database appeared to contain many one-time participants or service providers who were no longer practicing. As well, a number of duplicates were found. LSA staff worked to eliminate duplicates and used only one contact per service group. LSA found current addresses using Yahoo!Yellowpages, Google search, and the Professional Licensing Bureau database.

Survey questionnaires were administered to randomly selected samples from each provider category. Sample sizes were determined based on a generally accepted confidence interval (5%) and confidence level (95%). Sampling in this manner allows the researcher to draw valid conclusions about an entire population (for instance, all child care providers) with information from only a portion of the population. The confidence interval measures the precision with which an estimate from a single sample approximates the population. The confidence level is the estimated probability that a population estimate lies within a given confidence interval.

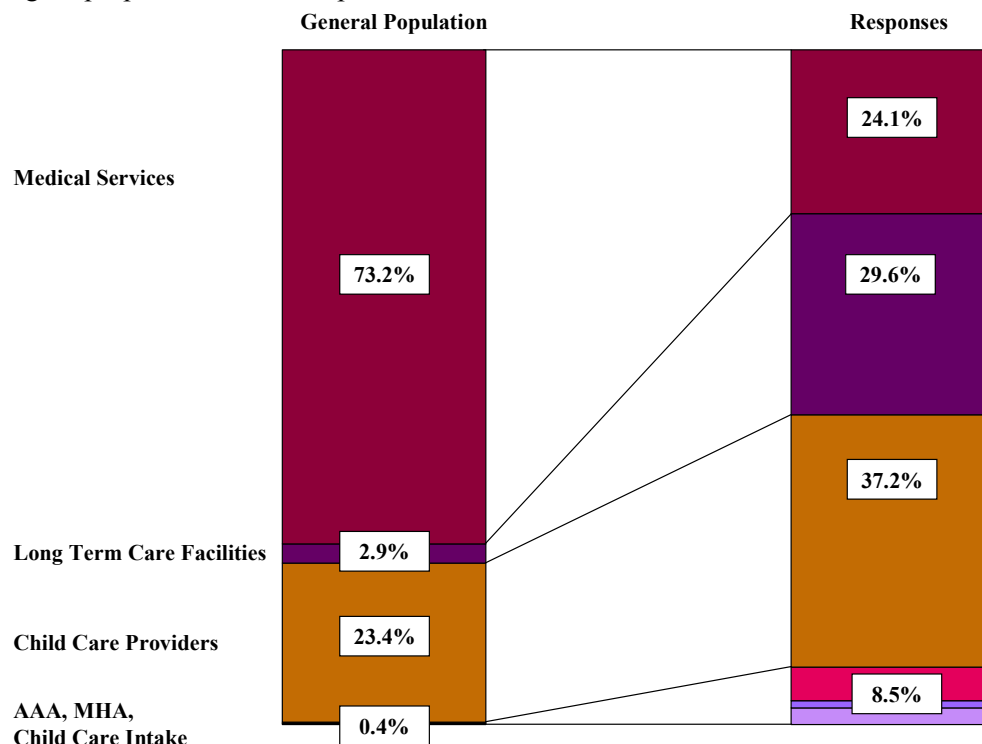
For three provider types (child care providers, long-term care facilities, and medical services providers), a sample was selected that was twice the size necessary to achieve this confidence interval and confidence level. The remaining provider types (area agencies on aging, child care intake, and mental health and

addiction providers) were sufficiently small that survey questionnaires were administered to all providers in these types.

The following table provides information on the population size, sample size, and the number of responses.

Service Provider Type	General Population	% of Total	Sample Size (95%, 5%)	% of Total	Number of Surveys Sent	Number of Responses Received	% of Total
Area Agency On Aging	16	0.1%	15	1.5%	16	15	2.5%
Child Care Intake	11	0.1%	11	1.1%	11	6	1.0%
Mental Health and Addiction	50	0.3%	44	4.3%	50	30	5.0%
Child Care Providers	4,147	23.4%	352	34.6%	704	225	37.2%
Long-Term Care Facilities	514	2.9%	220	21.7%	440	179	29.6%
Medical Services	12,974	73.2%	374	36.8%	748	146	24.1%
Unknown	0	0.0%	0	0.0%		4	0.6%
Total Population	17,712	100.0%	376	100.0%	1,969	605	100.0%

The sample size required to achieve the confidence interval and confidence level described above is less (376) than the number needed if the population is stratified by provider type (1,016). In all, there were enough surveys received to achieve the confidence interval and confidence level desired. However, each provider type's representation in the sample is different from its representation in the general population. In the sample, there is more emphasis placed on some of the smaller provider groups. The chart below shows each provider type as a percentage of the general population compared with the provider type as a proportion of the sample. All the provider types, except for medical services providers, have a greater representation in the sample than they do in the general population. Smaller provider types including area agencies on aging (AAA), child care intake, mental health and addiction (MHA) providers, and long-term care facilities are a much higher proportion of the sample.



The actual sample size by provider type is less than what would have been desired to meet the confidence level and confidence interval desired. With the exception of medical services providers, by provider type, the actual sample size was at least half of the desired sample size. Because the number of surveys completed was below the desired sample size for the desired level of confidence and confidence interval, the confidence interval is larger in the actual sample when the sample is considered by provider type.

In the table below, the confidence interval is recalculated using the actual sample size. The confidence interval for provider types with small general population increased greatly, even though the response rate was above 50%. As seen in the table, while the responses for the general population will have a lower than desired confidence interval, information reported by provider type has a higher probability of error, or a higher probability that the answer provided by the respondents does not represent the opinion of the broader group. Information by provider type is reported, however, because it gives more depth to the responses to certain questions.

	Preferred Sample Size	Actual Sample Size	Actual/ Needed	Preferred Confidence Interval	Actual Confidence Interval¹
Medical Services	374	146	39.0%	5.0%	8.1%
Long-Term Care Facilities	220	179	81.4%	5.0%	5.9%
Child Care Providers	352	225	63.9%	5.0%	6.4%
Mental Health and Addiction	44	30	68.2%	5.0%	11.4%
Child Care Intake	11	6	54.5%	5.0%	28.3%
Area Agencies on Aging ²	15	15	100.0%	5.0%	6.5%
Total Population	376	602	160.1%	5.0%	3.9%

¹In order to calculate the new confidence interval, the percentage of the sample giving the same answer to a question is used. Since the percentage giving the same answer varies by question, the confidence interval will vary by question. For this table, 50% picking the same response was used.

²Area Agencies on Aging confidence interval increased because of the low amount of cohesion in the question answer (50%).

The survey was sent out in two groups, with the medical services provider type being sent out after the other types due to database development time. A second mailing to those that did not answer was made several days after a deadline noted in the cover letter passed. Surveys were tracked to the extent that those responding could be traced, but the coding used on the survey was not associated with the answers provided by the respondent. The only identifying information available with the returned survey was the provider type.

Results

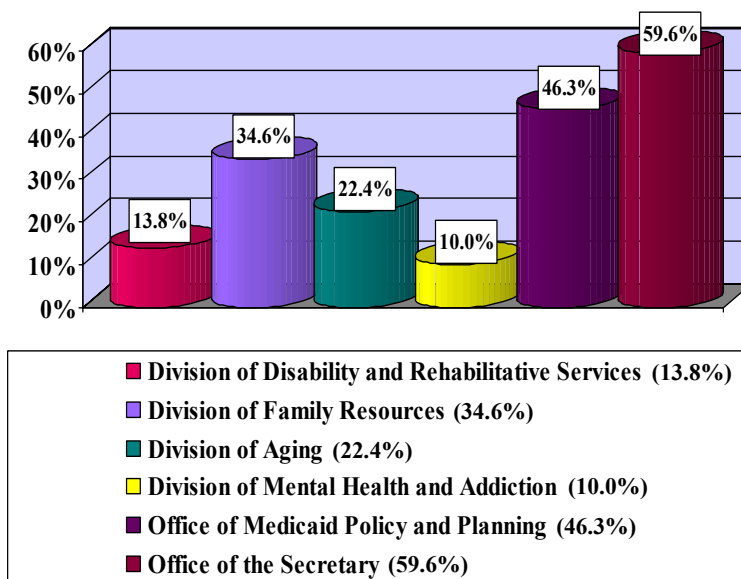
This section begins with a brief presentation of survey response information about the points of contact that service providers have with FSSA. After that, provider response information is presented according to the three major objectives of the survey:

1. Payment adequacy and timeliness.
2. Communications with FSSA.
3. Paperwork requirements and/or the effects of technology on these requirements.

Points of Contact

The first two questions of the survey were designed to provide information on which divisions of FSSA the service providers interact with most often. Question 3 was designed to determine the location where the FSSA representative is contacted by the service provider.

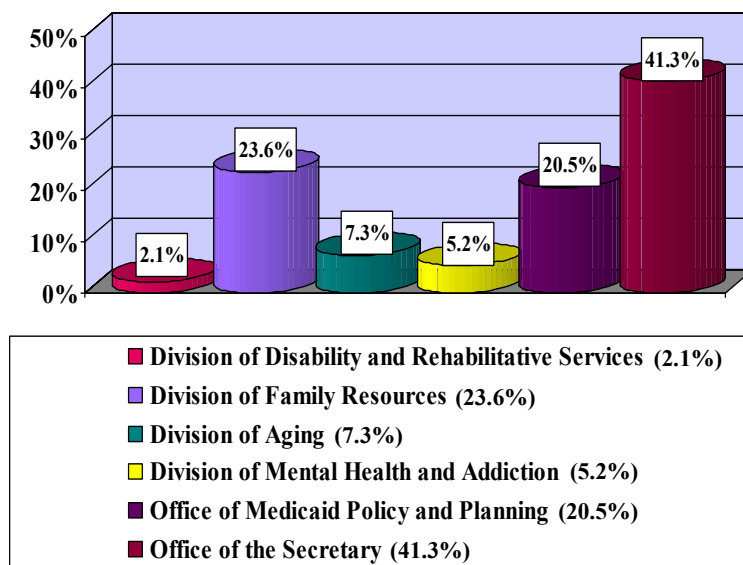
Question 1. Which division(s) manage(s) the programs and services that you are involved with?



In Question 1, the service providers were asked to identify all the divisions with which they have contact. On average, each provider has contact with approximately two divisions. However, the answers ranged most frequently from one to five divisions being listed. The most frequent selection was the Office of the Secretary (FSSA).

In Question 2, the service providers indicated which division they contacted most often. Eighty-seven service providers (14.4%) left the question blank or selected more than one point of contact, which disqualified the answer. Among the responses that were not disqualified, the most frequent contact point was the Office of the Secretary.

Question 2. Which division do you contact most frequently?



Based on statutory responsibilities, it was expected that most providers would not name the Office of the Secretary as a point of contact. The answers to the first two questions may indicate that providers are more involved with the Office of the Secretary than expected. On the other hand, the choices may indicate that service providers do not actually know what division of FSSA they contact, or that the Office of the Secretary is involved with the management of programs.

FSSA has many points of contact including:

- (1) Division of Family Resources local offices which are state/county agencies;
- (2) The state central office which includes the Office of the Secretary and the division headquarters;
- (3) State institutions such as the state mental hospitals; and
- (4) Contractor facilities such as a nonprofit provider's facilities.

Question 3 was designed to determine the location where the contact takes place. Most frequently, providers chose the Division of Family Resources (DFR) local offices as the location for contact. The location of contact, however, varied by provider type as seen in the table below.

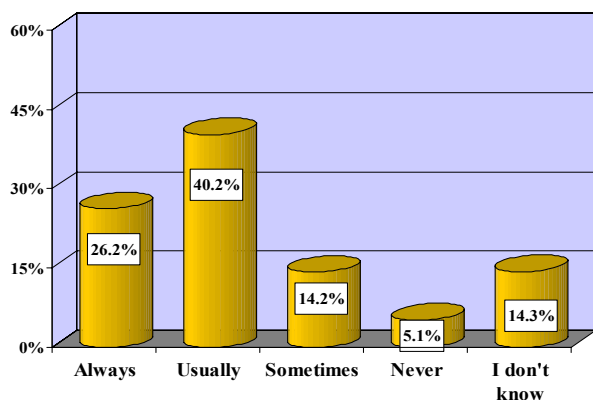
Question 3. When you have to contact a representative of FSSA, where is the FSSA representative located?

	DFR Local Office	State Central Office	State Institution	Contractor's Facility	I don't know
Medical Services	26.6%	35.3%	0.7%	3.6%	38.1%
Mental Health And Addiction	13.8%	86.2%	3.4%	3.4%	6.9%
Child Care Providers	56.4%	23.9%	0.9%	1.8%	26.6%
Child Care Intake	33.3%	66.7%	16.7%	16.7%	0.0%
Area Agency on Aging	0.0%	100.0%	0.0%	0.0%	0.0%
Long-Term Care Facilities	67.1%	16.5%	1.2%	1.8%	20.0%
Unidentified	25.0%	75.0%	0.0%	0.0%	0.0%
Total	48.4%	30.3%	1.2%	2.4%	25.3%

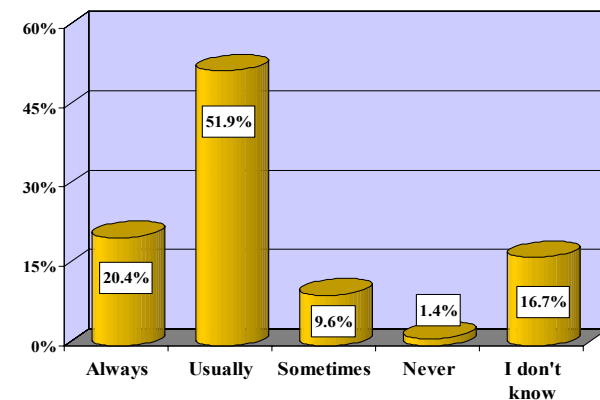
Payment Adequacy and Timeliness

Most frequently, service providers indicated that payments are usually timely and accurate, as seen in the two charts below. However, the number of respondents leaving these questions blank¹ or answering that they did not know about the timeliness or accuracy of payments was quite large. It may suggest that the questions were not applicable to all of the respondents. This could occur if the respondent does not receive payments from FSSA or does not receive the payment directly.

Question 33. Do you receive payments in a timely manner?

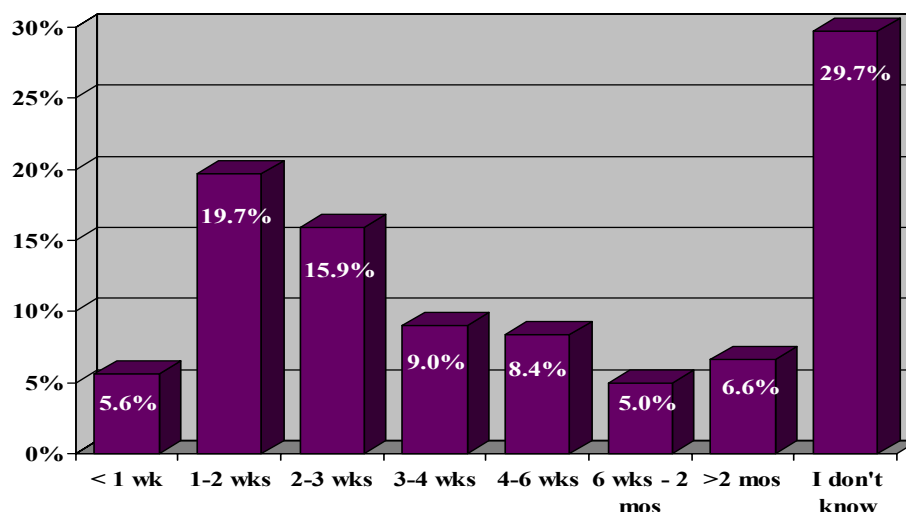


Question 35. Are the payments that you receive from FSSA accurate?



The responses to Question 34, as seen in the chart below, were widely disbursed with most respondents indicating that they receive payments within two to three weeks. However, grouping the responses by the provider type (as seen in the table below) reveals a clear pattern in payment timeliness. It appears that payment length varies by provider type. This may reflect the use of different payment systems for the different programs or may indicate that policies for payment timelines vary among the programs and services administered by FSSA.

Question 34. The last time you submitted a payment request, how long did it take to get paid between the date of the request and the date you received a check?



¹ Thirty-three respondents (5.5% of the respondents) left Question 33 blank, and 35 respondents (5.8%) left Question 35 blank.

Question 34. The last time you submitted a payment request, how long did it take to get paid between the date of the request and the date you received a check?

	<1 wk	1-2 wks	2-3 wks	3-4 wks	4-6 wks	6 wks-2 mos	>2 mos	Don't know
Medical Services	22.6%	26.4%	28.1%	40.0%	31.9%	25.0%	35.1%	15.1%
Mental Health & Addiction	0.0%	2.7%	6.7%	4.0%	6.4%	0.0%	8.1%	5.4%
Child Care Providers	9.7%	24.5%	33.7%	30.0%	40.4%	50.0%	48.6%	44.6%
Child Care Intake	0.0%	0.9%	0.0%	2.0%	2.1%	3.6%	0.0%	1.2%
Area Agency on Aging	0.0%	3.6%	6.7%	0.0%	4.3%	3.6%	0.0%	0.6%
Long-Term Care Facilities	67.7%	41.8%	23.6%	22.0%	12.8%	17.9%	8.1%	32.5%
Unidentified	0.0%	0.0%	1.1%	2.0%	2.1%	0.0%	0.0%	0.6%
Total	5.6%	19.7%	15.9%	9.0%	8.4%	5.0%	6.6%	29.7%

Two provider types with large representation in the sample, child care providers and long-term care facilities, had a high percentage selecting the “I don’t know” response. Those who answered “I don’t know” may not receive payments from FSSA. About 90% of the licensed child care provider respondents are eligible to receive Child Care Development Funds (CCDF), the most likely source of payment for child care providers from FSSA. However, being eligible for CCDF payments does not mean that the provider actually serves CCDF beneficiaries. Also, for the long-term care facilities, there were two possible explanations. First, the address list from which respondents were chosen had a bed certification category that included both Medicare and Medicaid payments. A respondent may not actually have Medicaid residents. Second, a respondent may not regularly examine payment receipts or payments may be handled in a central office.

In total, providers expressed mixed feelings about whether the reimbursement received is sufficient for the services provided. If the percentage of providers who feel that all or most of the services they provide are sufficiently reimbursed are combined, it represents 34.9% of the respondents, while combining the percentage of those who felt that few or none of the services they provide are sufficiently reimbursed equals 45.2%. And 19.9% of the respondents did not know if the reimbursement was sufficient (and probably, as seen above, do not receive reimbursements from FSSA).

Question 36. Do you feel your reimbursement from FSSA is sufficient for the services you provide?

	All Services	Most Services	Few Services	No Services	I don't know
Medical Services	2.8%	20.3%	32.2%	34.3%	10.5%
Mental Health & Addiction	3.4%	0.0%	41.4%	41.4%	13.8%
Child Care Providers	24.8%	30.1%	11.7%	11.2%	22.3%
Child Care Intake	0.0%	33.3%	0.0%	50.0%	16.7%
Area Agency on Aging	0.0%	6.7%	86.7%	6.7%	0.00%
Long-Term Care Facilities	4.8%	24.7%	19.3%	22.9%	28.3%
Total	11.2%	23.7%	22.5%	22.7%	19.9%

By stratifying the responses by provider type, differences in the answers begin to show. For example, child care providers are more likely to feel that they are sufficiently reimbursed for all or most of the service they provide. Most area agencies on aging indicated that they are sufficiently reimbursed for only a few of the services they provide, and child care intake providers are more likely to feel they are not sufficiently reimbursed for the services they provide. Medical services providers and mental health and addiction providers split between a few services and no services being sufficiently reimbursed, while long-term care facilities’ responses are divided among most services, no services, and the “I don’t know” response.

Respondents were asked to explain their answer to Question 36, which resulted in a wide range of comments and concerns. The table below shows summary statistics of the comments received by provider type.

	Number of Explanations	% of Total	No. of Respondents in Sample	% of Sample Providing Explanation
Medical Services	85	27.8%	146	58.2%
Mental Health & Addiction	22	7.2%	30	73.3%
Child Care Providers	123	40.2%	225	54.7%
Child Care Intake	6	2.0%	6	100.0%
Area Agency on Aging	13	4.2%	15	86.7%
Long-Term Care Facilities	54	17.6%	179	30.2%
Unidentified	<u>3</u>	<u>1.0%</u>	<u>4</u>	75.0%
Total	306	100.0%	605	

The comments were grouped by the response given to Question 36, and commonalities in the comments are noted in the table below:

Response to Question 36	Details	Summary of Common Provider Comments
All Services	31 comments/10.1% of comments <i>Breakdown by provider type:</i> Medical Services – 1/3.2% Child Care Providers – 30/96.8%	<ul style="list-style-type: none"> - Most comments indicated that service providers feel that they are paid what they charge. (23 comments) - A few indicated that the timeliness of payments makes the payment sufficient for all services. (5 comments) - One problem identified in the comments: Taking too long to resolve payment discrepancies. (2 comments)
Most Services	60 comments/19.6% of comments <i>Breakdown by provider type:</i> Medical Services – 8/13.3% Child Care Providers – 37/61.7% Child Care Intake – 2/3.3% Area Agencies on Aging – 1/1.7% Long-Term Care Facilities – 12/20.0%	<ul style="list-style-type: none"> - Several child care providers feel that they should be paid more for school-aged children (7 comments), and one mentioned care of infants should receive higher pay. - Several child care providers expressed concern about differential pay by type of child care provider (i.e., home versus center), by location (i.e., Marion County versus rural county), and by center size. (6 comments) - Several comments expressed concern that parents do not pay copays or do not make up the difference when child care reimbursement is too low. (3 comments) - Several providers indicated that reimbursement was not sufficient when parents withdraw a child from a daycare, bring children for full-time care during school breaks, and due to parent commute time to and from work. (3 comments) - Several child care providers indicated that the documentation with child care payments does not always reconcile to charges, and that discrepancies take a long time to be resolved. (5 comments) - Several long-term care facilities noted that not all services, equipment, etc. are covered by Medicaid,

Response to Question 36	Details	Summary of Common Provider Comments
		<p>but that they must provide everything the resident needs. (4 comments)</p> <p>- Various comments identified too little reimbursement for copying large charts, dentures, and multi-problem patients. (4 comments)</p>
Few Services	<p>92 comments/30.1% of comments</p> <p><i>Breakdown by provider type:</i> Medical Services – 38/41.3% Mental Health and Addiction – 10/10.9% Child Care Providers – 16/17.4% Area Agencies on Aging – 11/12.0% Long-Term Care Facilities – 16/17.4% Unidentified –1/1.1%</p>	<p>- Various comments by medical services providers identified many specific services as being underpaid including: (1) chemotherapy; (2) delivery; (3) emergency room visit (only triage costs are covered); (4) dentures; (5) large chart copying; (6) physical therapy; (7) eye glass frames; (8) time spent with patients; (9) documentation of records; (10) gas and maintenance for transportation; and (11) appointment no-shows. (16 comments)</p> <p>- Medical services providers also said that staff costs and overhead were not reimbursed sufficiently. (10 comment)</p> <p>- Several mental health and addiction service providers indicated that HAP allocations are insufficient because not enough people in need are able to receive funding.</p> <p>- Mental health and addiction service providers indicated that rates have not increased, but specified different time periods from 3 to 12 years. (4 comments)</p> <p>- Several child care providers said that the pay was insufficient for the time and effort they invest. (4 comments)</p> <p>- Child care providers were concerned about reconciling discrepancies and the amount of lag time between service and payment. (3 comments)</p> <p>- Several child care providers mentioned that recertification takes too long and that they may provide services before finding that child no longer qualifies. (3 comments)</p> <p>- Area Agencies on Aging reported that rates do not cover the costs of case management or providing quality services. (3 comments)</p> <p>- Several comments indicated that the CHOICE rates and other rates were adjusted too low resulting in providers dropping out of Medicaid. (6 comments)</p> <p>- A couple of providers commented that rates seem to be set arbitrarily. (2 comments)</p> <p>- Several providers said that all-inclusive nursing home rates do not cover all costs and that Medicaid rates do not cover the costs of service. (11 comments)</p>
No Services	<p>98 comments/32.0% of comments</p> <p><i>Breakdown by provider type:</i></p>	<p>- Several medical services providers indicated that rates are below Medicare or that they are about 50% of the usual and customary. (10 comments)</p>

Response to Question 36	Details	Summary of Common Provider Comments
	<p>Medical Services – 36/36.7%</p> <p>Mental Health and Addiction – 11/11.2%</p> <p>Child Care Providers – 20/20.4%</p> <p>Child Care Intake – 3/3.1%</p> <p>Area Agencies on Aging – 1/1.0%</p> <p>Long-Term Care Facilities – 25/25.5%</p> <p>Unidentified – 2/2.0%</p>	<ul style="list-style-type: none"> - A number of providers indicated that (1) they must write off too much on Medicaid patients; (2) they cannot earn a profit; (3) they cannot retain qualified staff; (4) they cannot provide quality services to elders in the community; or (5) they cannot maintain overhead because reimbursement rates are too low. (19 comments) - Transportation providers indicated that there has been no increase in rates received, and one indicated he was forced out of business because rates have not increased with costs. (3 comments) - One provider receives practice updates that do not pertain to provider's specialty and feels that this practice is wasteful. - Almost every mental health and addiction service provider responding indicated that the Division of Mental Health and Addiction is under-funded. (10 comments) - Many mental health and addiction service providers recommended reviewing rates, saying that the rates had not been adjusted in years. (5 comments) - Several indicated that the reimbursement does not pay for qualified staff or that the rate does not take into consideration travel, compliance costs, or other time required to serve clients. (3 comments) - Several child care providers said that pay should be equal, regardless of the type of facility or the facility size. (6 comments) - Several child care providers indicated that they are paid half when a child is in the daycare less than 15 hours a week, even if the child is present 14 ½ hours. (4 comments) - Adequate reimbursement for MR/DD transportation was mentioned by one child care provider. - Child care providers said the pay was too little for (1) an important job; and (2) keeping infants. (5 comments) - One child care provider said that help lines at FSSA were no help and that a problem checking in a child in the morning could result in 15-30 minutes on the phone trying to straighten out the problem. - Another concern expressed by one child care intake and one child care provider was that technology investments were required to do business with FSSA, but reimbursement was not increased to help pay for it. - Most comments from long-term care facilities indicated that the daily reimbursement rate is below the actual cost of care. (15 comments) - Some comments identified specific areas where cost is not covered by reimbursement, including (1)

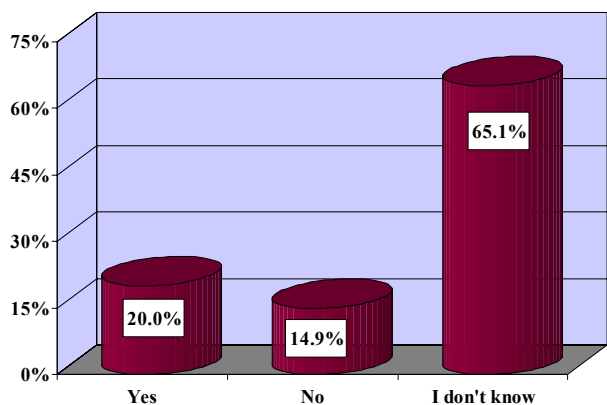
Response to Question 36	Details	Summary of Common Provider Comments
		<p>Alzheimer's care; (2) administration; and (3) equipment and supplies. (7 comments)</p> <ul style="list-style-type: none"> - One long-term care facility said they absorbed additional costs, and another said that only routine care was covered in the rate. - Two long-term care facilities indicated that payment requests are often denied and that it is hard to know what the actual reimbursement will be. - One comment indicated that EDS does not provide answers to payment questions and another said that caseworkers appear to make up rules as they go along. - One comment asked that the current caseworkers and local office Medicaid officials not be taken away.
I don't know	<p>25 comments/8.2% of comments</p> <p><i>Breakdown by provider type:</i></p> <p>Medical Services – 2/8.0%</p> <p>Mental Health and Addiction – 1/4.0%</p> <p>Child Care Providers – 20/80.0%</p> <p>Child Care Intake – 1/4.0%</p> <p>Long-Term Care Facilities – 1/4.0%</p>	<ul style="list-style-type: none"> - Most of the provider comments noted that they do not receive reimbursements from FSSA. (12 comments) - Some providers indicated that they no longer provide services for FSSA or that they have not had a placement to receive reimbursement. (10 comments)

Communications with FSSA

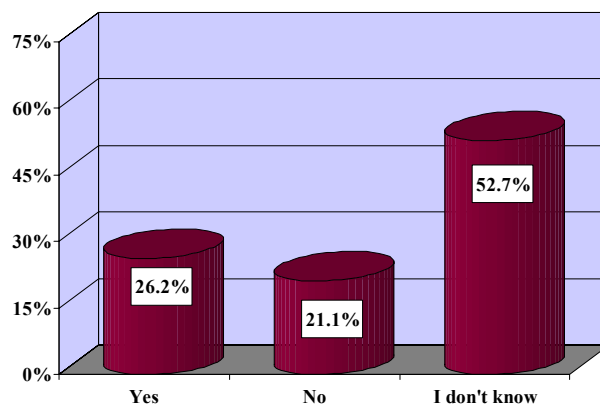
The questions in the survey were expected to provide information on three specific areas of communications with FSSA, including problem resolution, new policy or procedure communications, and the timeliness of communications. In addition to these three areas, questions were included in the survey that addressed the detection of serious and minor problems and organization of human services programs.

Detection of Serious and Minor Problems

Question 22. Does FSSA have an adequate system or method to report a serious problem or illegal activity such as theft, skimming, bribery, etc.?



Question 23. Does FSSA have an adequate system or method to report a minor problem such as duplication, inefficiency, etc.?



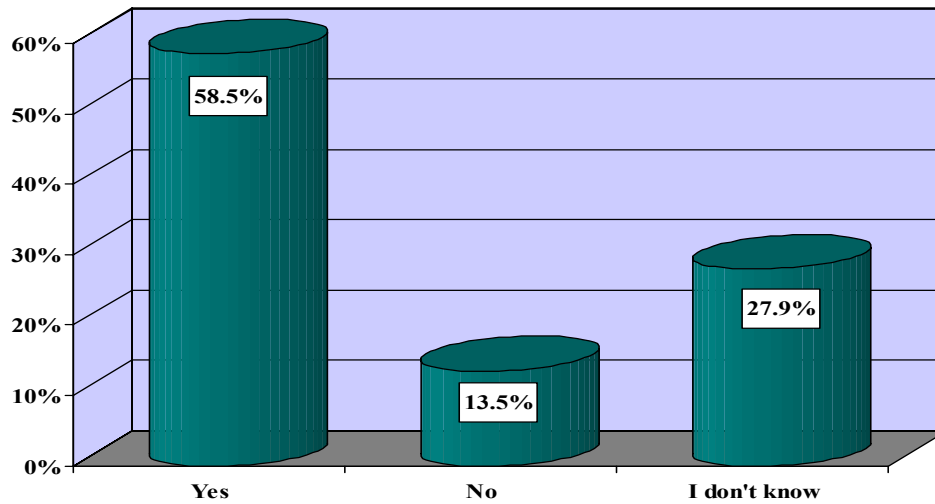
In the 2004 survey of FSSA service providers, most service providers indicated that FSSA did not have or that they did not know about systems or methods to report serious or minor problems. The literature indicated that most fraud is reported through tips, and that having an adequate hotline to report fraud or minor matters could improve chances of catching problems. FSSA has had links to fraud hotlines on the front page of their website and now has a menu option, “Report abuse/fraud”. Providers overwhelmingly responded that they did not know if FSSA has adequate systems to report serious or minor problems, as seen in the charts above. This may indicate that FSSA has not sufficiently informed service providers that systems or methods exist to report serious or minor problems. The responses may indicate that providers have not encountered situations where they need to report problems.

Organization of Family and Social Services

Respondents expressed a strong preference for an umbrella agency to oversee programs and services affecting vulnerable populations. However, the answers to questions about the communications among the divisions and the effect on clients who access programs and services located in more than one division do not draw the same strong response.

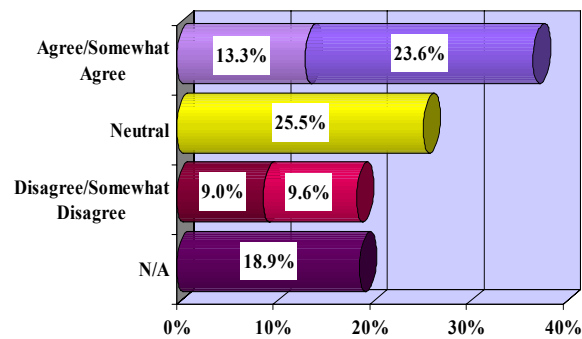
The survey explained that FSSA had been organized to bring together programs and services that serve vulnerable populations, recognizing that these individuals may need more than one service or program. As seen in the chart for Question 4, most service providers (58.5%) agreed that that these programs and services should be managed under one umbrella organization. (The service providers who did not agree were asked to indicate what programs should be separated and how they should be managed. A sufficiently low percentage of providers selected “No” that these additional questions were not analyzed.)

Question 4. FSSA was organized to bring together programs and services that serve vulnerable populations, recognizing that these individuals may need more than one service or program. Do you agree that these programs and services should be managed under one umbrella organization?

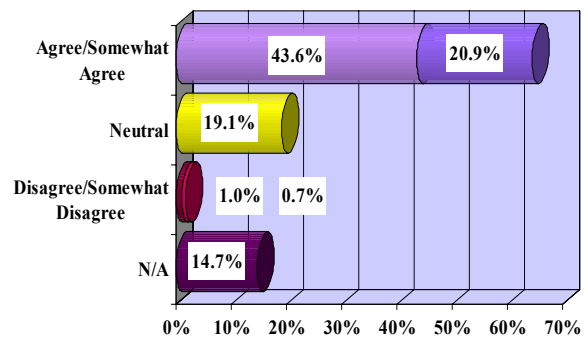


Three of the questions focused on communication among the divisions of FSSA or on meeting the needs of multi-problem or dually diagnosed clients (who may use services from more than one division). The responses are somewhat contradictory. Most respondents agreed or somewhat agreed that multi-problem or dually diagnosed clients have access to programs and services that address most of their needs (Question 13) and that the divisions of FSSA interact to positively affect programs and services (Question 15). In contrast, the majority of respondents also agreed that multi-problem or dually diagnosed clients could have better access to programs and services if the divisions of FSSA had better inter-agency communications (Question 14).

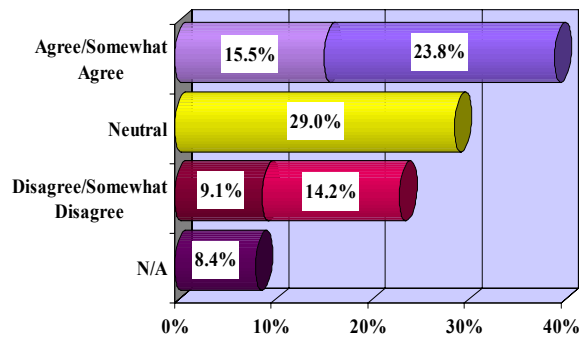
Question 13. Outside of possible funding restrictions, multi-problem or dually diagnosed clients have access to programs and services that address most of their needs.



Question 14. Would multi-problem or dually diagnosed clients have better access to programs and services if the divisions of FSSA had better inter-agency communications?



Question 15. The divisions of FSSA interact together to positively affect the quality of services and programs.



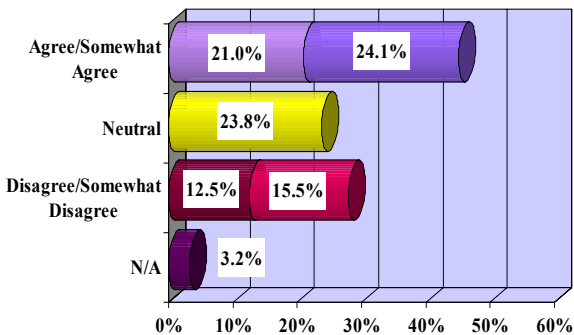
The most frequently chosen responses by provider type for Questions 13, 14, and 15 are presented in the table below.

	Question 13	Question 14	Question 15
Medical Services	Neutral - 29.4%	Agree - 45.7%	Neutral - 34.5%
Mental Health and Addiction	Disagree - 33.3%	Agree - 60.0%	Somewhat Agree - 30.0%
Child Care Providers	N/A - 33.9%	Agree - 37.8%	Neutral - 28.3%
Child Care Intake	Split: Agree - 33.3% Somewhat Agree - 33.3%	Agree - 83.3%	Split: Agree - 33.3% Neutral - 33.3%
Area Agencies on Aging	Somewhat Agree - 60.0%	Agree - 60.0%	Somewhat disagree - 40.0%
Long-Term Care Facilities	Split: Somewhat Agree - 27.3% Neutral - 26.1%	Agree - 42.2%	Somewhat agree - 31.6%
Unidentified	Disagree - 50.0%	Agree - 100.0%	Disagree - 50.0%

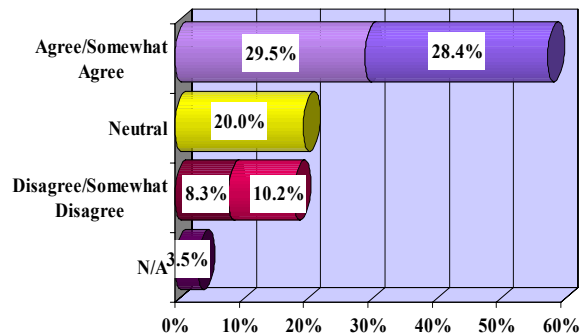
Problem Resolution

Most service providers agreed that problems for FSSA clients are resolved by FSSA (Question 9), and that questions about programs and services get answered by FSSA staff (Question 11). When a program is administered by more than one division, most respondents agreed that they had to contact more than one division to receive an answer sufficient to complete the work (Question 12). In the last question, more providers selected the “N/A” response, which may indicate that they do not generally work with programs that span divisions.

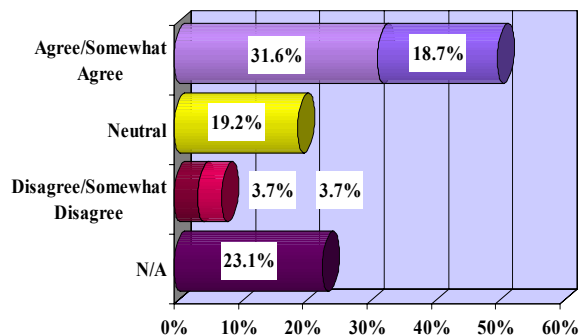
Question 9. When I encounter a problem providing services for FSSA clients, I know that FSSA will resolve the issue.



Question 11. Questions that I have about programs and services get answered by the FSSA staff.



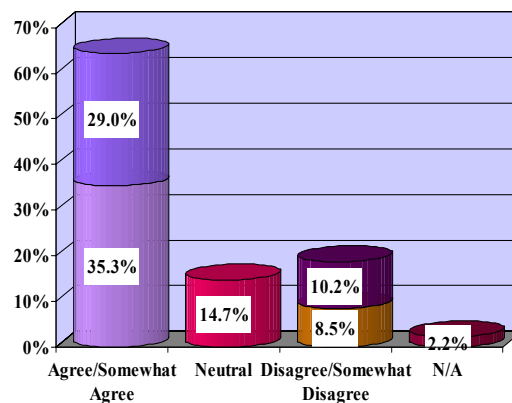
Question 12. When I have questions about a program that is administered by more than one division (such as a Medicaid question that involves both OMPP and DFR), I have to contact more than one division to receive an answer sufficient to complete my work.



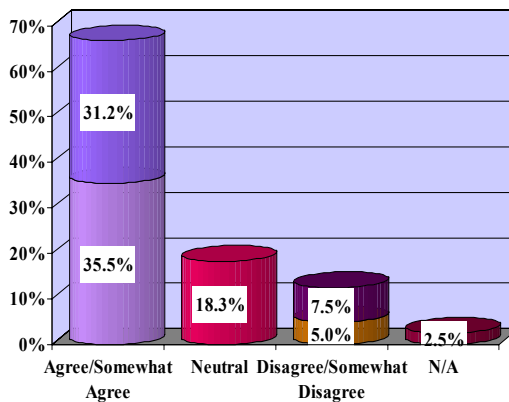
New Policy or Procedure Communication

The majority of respondents either agreed or somewhat agreed that they have sufficient access to information about FSSA programs for which they are a provider (Question 7), that the information is useful in their daily work (Question 8), and that requirements or guidelines are clear (Question 16).

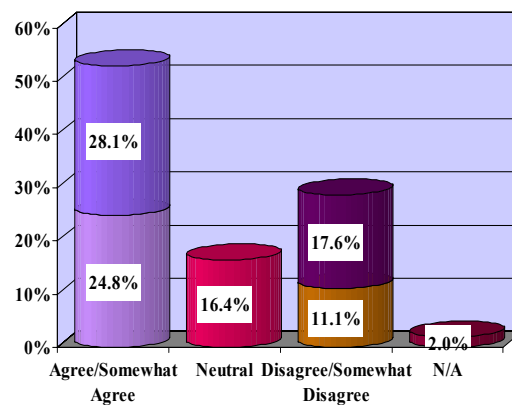
Question 7. I have sufficient access to information about the FSSA programs for which I am a provider.



Question 8. Provider information supplied by FSSA is useful to me in my daily work.

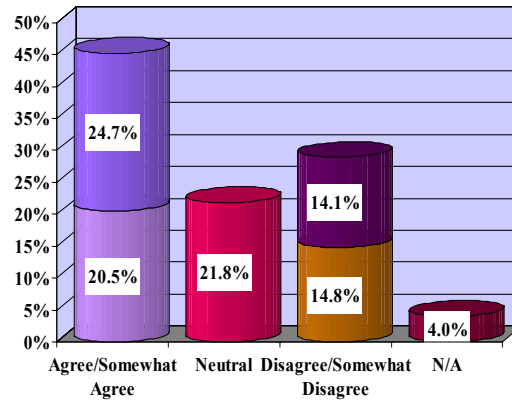


Question 16. The requirements or guidelines for programs and services that I administer or have contact with are clear.

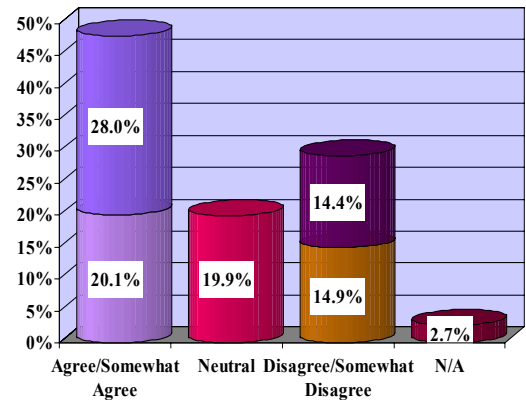


The majority agreed or somewhat agreed that information provided by FSSA explaining program changes to clients and providers is sufficient (Question 17). Also, most providers agreed or somewhat agreed that the information explaining program changes to providers was sufficient (Question 18). However, the percentage of providers choosing “Neutral” decreased and the percentage choosing “Somewhat Agree” increased over Question 17. In contrast, a question about the integration of federal program changes in state-level programs drew more “Neutral” and “N/A” responses (Question 19). This may suggest that service providers are not as aware of what changes are made at the federal level or that they are not concerned with how quickly the federal changes are integrated.

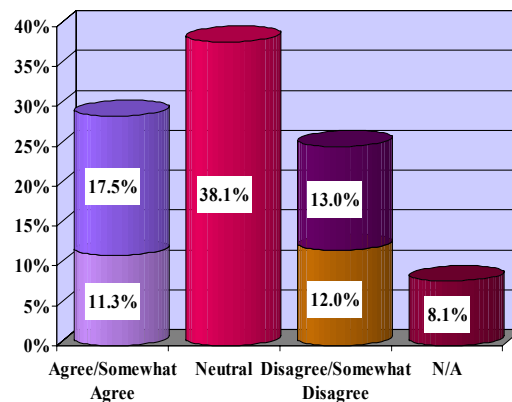
Question 17. The information provided by FSSA explaining changes in program policies and procedures to clients is sufficient.



Question 18. The information provided by FSSA explaining changes in program policies and procedures to program providers is sufficient.



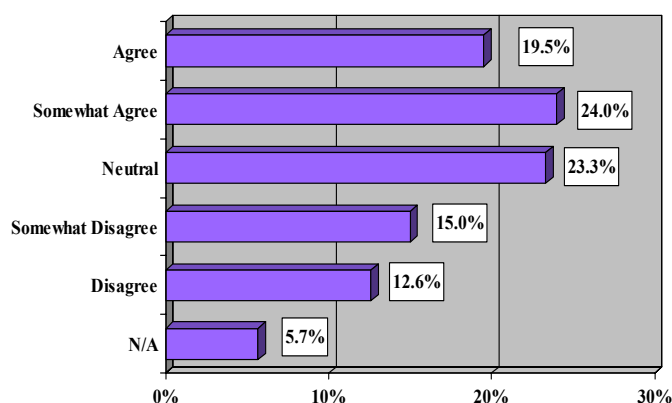
Question 19. Federal changes in programs and services are quickly integrated into state-level programs by FSSA.



Timeliness of Communications

Most respondents somewhat agreed or were neutral that a problem or a question concerning a client is resolved in a timely manner. The question may actually suggest a lower degree of satisfaction with the timeliness of problem solving when the responses to this question are coupled with responses to other questions concerning timeliness.

Question 10. A problem or question with FSSA concerning a client is resolved in a timely manner.



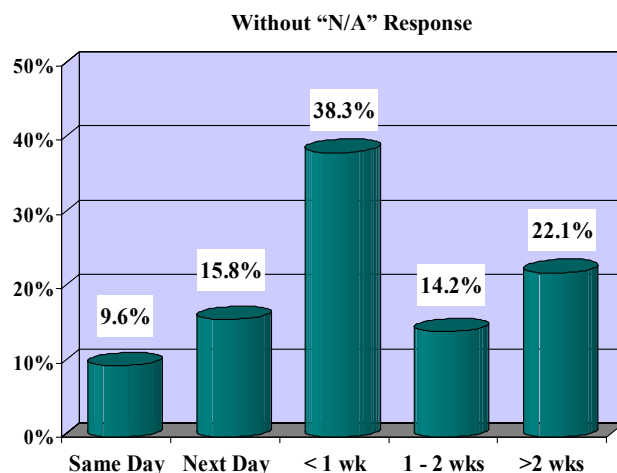
In most cases, respondents indicated that the last time that FSSA was contacted they received a response on the same day. However, the responses were highly disbursed among the possible answers. Grouping the responses by provider type (as seen in the table below) shows that child care intake providers, area agencies on aging, and long-term care facilities report a longer wait for a response to a telephone call than other provider types.

Question 29. The last time you telephoned FSSA, how long did it take to get a response?

	Same Day	Next Day	Within a Week	1-2 Weeks	>2 Weeks	N/A
Medical Services	32.6%	11.8%	19.4%	7.6%	8.3%	20.1%
Mental Health And Addiction	50.0%	33.3%	10.0%	3.3%	0.0%	3.3%
Child Care Providers	30.7%	17.5%	24.5%	6.6%	6.1%	14.6%
Child Care Intake	33.3%	33.3%	33.3%	0.0%	0.0%	0.0%
Area Agency on Aging	7.1%	0.0%	35.7%	14.3%	42.9%	0.0%
Long-Term Care Facilities	21.7%	19.3%	31.9%	8.4%	4.2%	14.5%
Unidentified	25.0%	25.0%	25.0%	25.0%	0.0%	0.0%
Total	29.0%	17.2%	25.0%	7.5%	6.6%	14.8%

Most respondents, 58.5%, answered that they had never requested information on a program change. The table below shows results only for those who had requested program change information. The response time for this type of request has a lot of variation based on these responses, but most respondents indicated that it takes less than a week to receive information on a program change.

Question 32. The last time you requested information on a program change, how long did it take for you to get a reply?



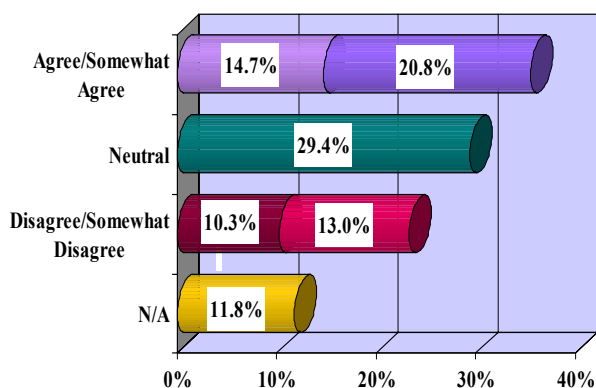
It is interesting that the responses spike at less than one week and also at more than two weeks. Grouping responses by provider type shows that the most frequent response by the different provider types was the “Less than a week” answer. However, two provider types, medical services providers and area agencies on aging, had higher percentages choosing the “More Than Two Weeks” answer.

Paperwork Requirements and the Effects of Technology on These Requirements

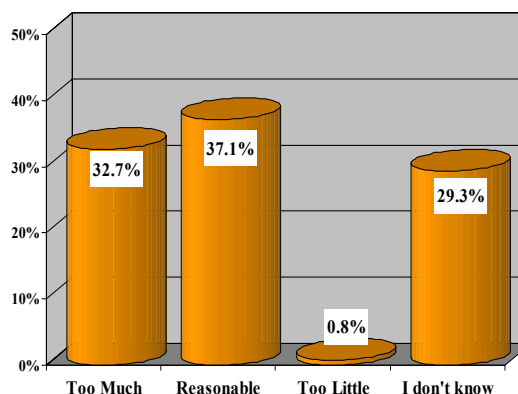
Amount and Transmittal of Administrative Work

Most respondents were neutral about the ease of transmitting administrative work to FSSA. However, combining the “Agree” and “Somewhat Agree” responses (35.8%) outweighs the percentage of combined “Disagree” and “Somewhat Disagree” responses (23.3%) and the “Neutral” response (29.4%). The dispersed response to the question indicates some ambiguity in the transmittal of administrative work. Similarly, the responses to the question of the amount of administrative work required were dispersed among the answers: “Too much”, “Reasonable”, and “I don’t know”. Child care providers are responsible for the results leaning toward the “Reasonable” response.

Question 20. Administrative work required to serve FSSA clients is easily transmitted to FSSA.



Question 27. Is the amount of administrative work (documentation and paperwork) required to provide services for FSSA clients reasonable?

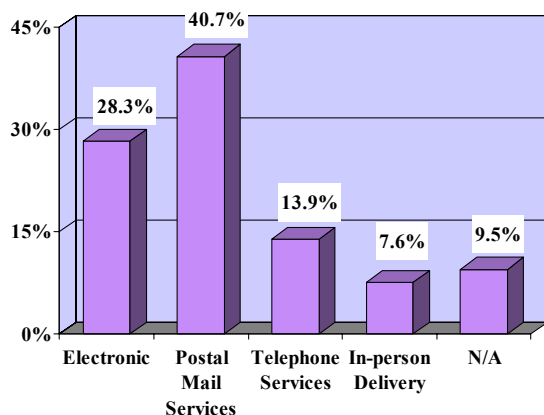


Part of the reason that the answers were so dispersed is based on the number of respondents who chose the “I don’t know” or “N/A” response. A review of these responses by provider type shows that medical services providers, child care providers, and long-term care facilities make up the majority of these answers. Interestingly, the neutral answer in Question 20 is largely made up of the same group of providers.

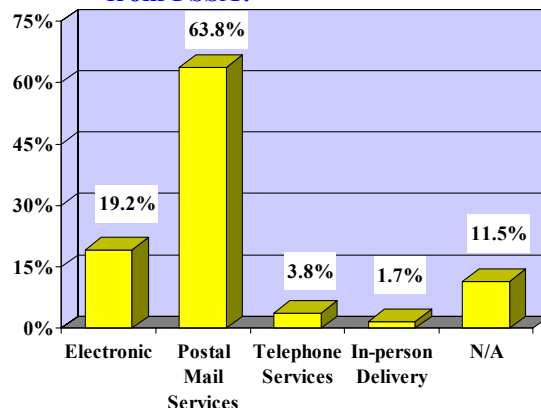
Method of Transmitting and Receiving Information

The survey asked about the method that service providers use to transmit administrative work to FSSA and about the method FSSA uses to distribute information about program changes, grants, or new programs. Some service providers indicated several methods that they use to exchange information with FSSA. Since the multiple answers did not affect the meaning of the question, multiple answers were accepted for the questions.

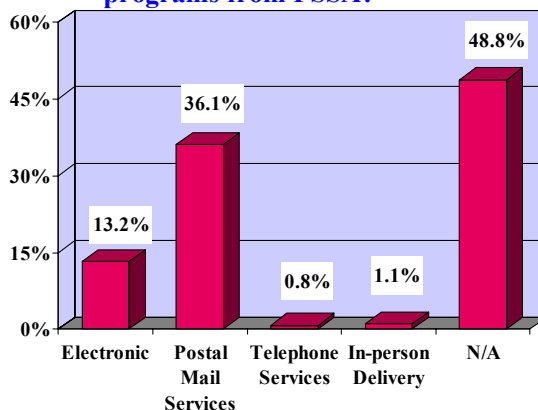
Question 28. How do you transmit administrative work to FSSA?



Question 30. How do you receive information on program changes from FSSA?



Question 31. How do you receive information on grants or new programs from FSSA?



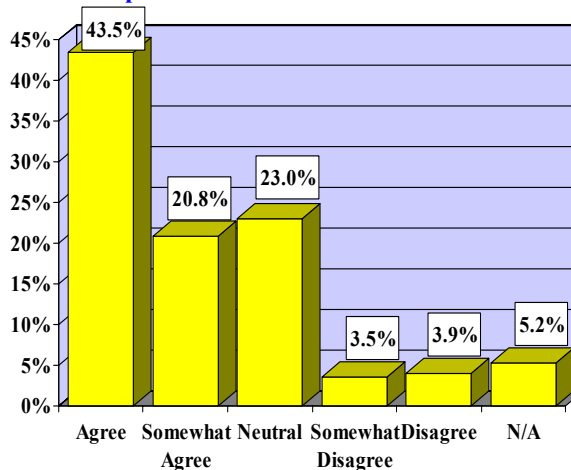
Most often, service providers use postal mail services to transmit administrative work to FSSA. However, about a third of the service providers use electronic means. There does not seem to be much difference among the provider types, except for mental health and addiction providers who transmit more administrative work electronically. Note that some providers submit administrative work in person.

In terms of receiving program changes from FSSA, postal mail services prevailed over other means. The percentage of service providers receiving program changes electronically is lower than the percentage using electronic means to submit administrative work. The difference may indicate that there is an opportunity for FSSA to explore using electronic means to provide program changes to providers who submit work electronically. However, federal programs may specify how program changes are communicated to service providers, not allowing FSSA the flexibility to change communication channels.

Grants and new programs are most likely to occur in the Division of Mental Health and Addiction or the Division of Disability and Rehabilitative Services because federal funding tends to support grants and pilot programs in the mental health, addiction, and disability areas. For those who do receive grant and new program information, they receive the information mostly through postal mail services.

Whether there is an opportunity for FSSA depends on service providers' interest using electronic means to interact with FSSA. In this survey, providers, by large percentages, agreed that they would like FSSA to develop more computer- or web-based means to interact with providers, as seen in the chart.

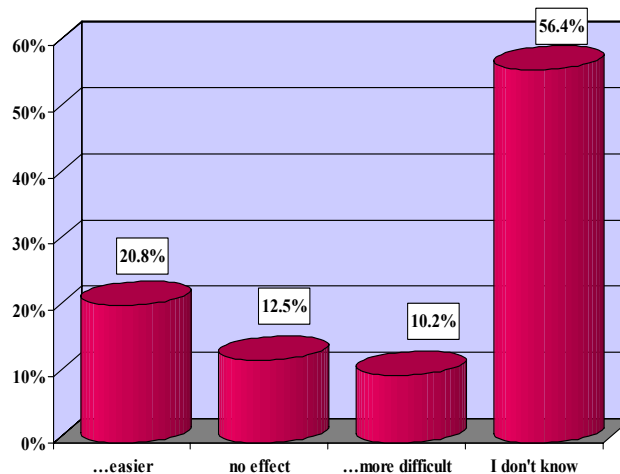
Question 21. I would like FSSA to develop more computer- or web-based means to interact with me as a provider of services.



Computerized Records

Providers selected the “I don’t know” response when asked about clients applying for programs and services using current computer systems. The response may suggest that service providers are not involved in clients applying for services or that the question was ambiguous.

Question 24. The computer systems used by FSSA make applying for programs and services...



When the answers are grouped by provider type, there is no discernable pattern to the responses, as seen in the table below. However, mental health and addiction providers indicated that computer systems used by FSSA make applying for programs and services easier, while area agencies on aging and unidentified providers indicated the computer systems make it more difficult to apply for programs and services. Child care intake providers split on whether it was easier or more difficult.

Question 24. The computer systems used by FSSA make applying for programs and services...

	...easier	No effect	...more difficult	I don't know
Medical Services	15.3%	13.9%	6.9%	63.2%
Mental Health And Addiction	31.0%	20.7%	13.8%	31.0%
Child Care Providers	24.4%	8.8%	8.8%	58.1%
Child Care Intake	40.0%	0.0%	40.0%	20.0%
Area Agency on Aging	14.3%	14.3%	42.9%	28.6%
Long-Term Care Facilities	19.2%	15.3%	9.6%	55.4%
Unidentified	0.0%	0.0%	50.0%	50.0%

Most providers chose the “I don’t know” answer when asked whether computerized records are transferred when a client transfers from another provider or another geographic area. When the answer is detailed by the provider type, medical services providers, child care providers, and long-term care facilities chose the “I don’t know” most frequently. Moreover, mental health and addiction providers most frequently answered that they never receive computerized records from another provider or when a client transfers from another geographic area.

Question 25. If a client transfers from another provider, are computerized records about the client available?

	Always	Usually	Sometimes	Never	I don't know
Medical Services	3.4%	6.2%	23.4%	17.9%	49.0%
Mental Health And Addiction	0.0%	13.3%	6.7%	53.3%	26.7%
Child Care Providers	5.5%	7.3%	9.1%	12.3%	65.8%
Child Care Intake	16.7%	16.7%	16.7%	33.3%	16.7%
Area Agency on Aging	13.3%	33.3%	40.0%	6.7%	6.7%
Long-Term Care Facilities	2.8%	21.0%	30.1%	6.8%	39.2%
Unidentified	0.0%	0.0%	25.0%	50.0%	25.0%
Total	4.2%	12.1%	19.7%	14.5%	49.6%

Question 26. If a client transfers from another geographic area, are computerized records about the client available?

	Always	Usually	Sometimes	Never	I don't know
Medical Services	2.8%	8.3%	15.3%	18.1%	55.6%
Mental Health And Addiction	3.3%	13.3%	10.0%	50.0%	23.3%
Child Care Providers	3.7%	5.5%	5.0%	7.8%	78.1%
Child Care Intake	0.0%	0.0%	50.0%	33.3%	16.7%
Area Agency on Aging	20.0%	33.3%	33.3%	6.7%	6.7%
Long-Term Care Facilities	1.7%	12.4%	26.6%	9.6%	49.7%
Unidentified	0.0%	0.0%	25.0%	50.0%	25.0%
Total	3.2%	9.2%	15.5%	13.4%	58.7%

Service providers may need the information contained in previous records to provide services for new clients. The question only asks about computerized records, but paper records may actually follow the client. Also, providers indicated in the 2004 evaluation that the transfer of records is restricted under federal regulations such as the Health Insurance Portability and Accountability Act (HIPAA).

Conclusions

In many ways this survey reflects well on the relationship between FSSA and its service providers. The positive aspects of the survey results include the following:

7. Payments to service providers are usually timely and accurate and occur within two to three weeks.
8. Most service providers agree that programs and services for vulnerable populations should be managed under an umbrella organization.
9. Service providers believe that the divisions of FSSA work together to positively affect the quality of services and programs. Also, in the opinion of providers, multi-problem or dually diagnosed individuals have access to the programs and services that address most of their needs.
10. Service providers mostly agreed or somewhat agreed that FSSA resolves issues concerning clients and that questions get answered by FSSA staff.
11. FSSA provides sufficient access to information about programs, and the provider information is useful in the providers' daily work.
12. Service providers believe that problems or questions with FSSA concerning clients are resolved in a timely manner, that telephone calls receive responses within a week, and that requests for information on program changes are also received within a week.

Certain responses to the survey may indicate opportunities for FSSA in its interaction with service providers, assuming that changes can be made within federal program guidelines. The areas identified in the survey include the following:

7. Systems or methods for reporting serious or minor problems.
8. Inter-agency communications concerning multi-problem or dually diagnosed clients.
9. Explaining policy or procedure changes.
10. The amount of administrative work required.
11. The communication channels for program changes, and grant and new program information.
12. Computerized record transfers between providers or geographic locations.

SURVEY RESEARCH CENTER AT IUPUI

TANF Recipient Survey

Summary of Methods and Findings

Prepared for
Indiana General Assembly

October 27, 2006

Submitted by
Survey Research Center
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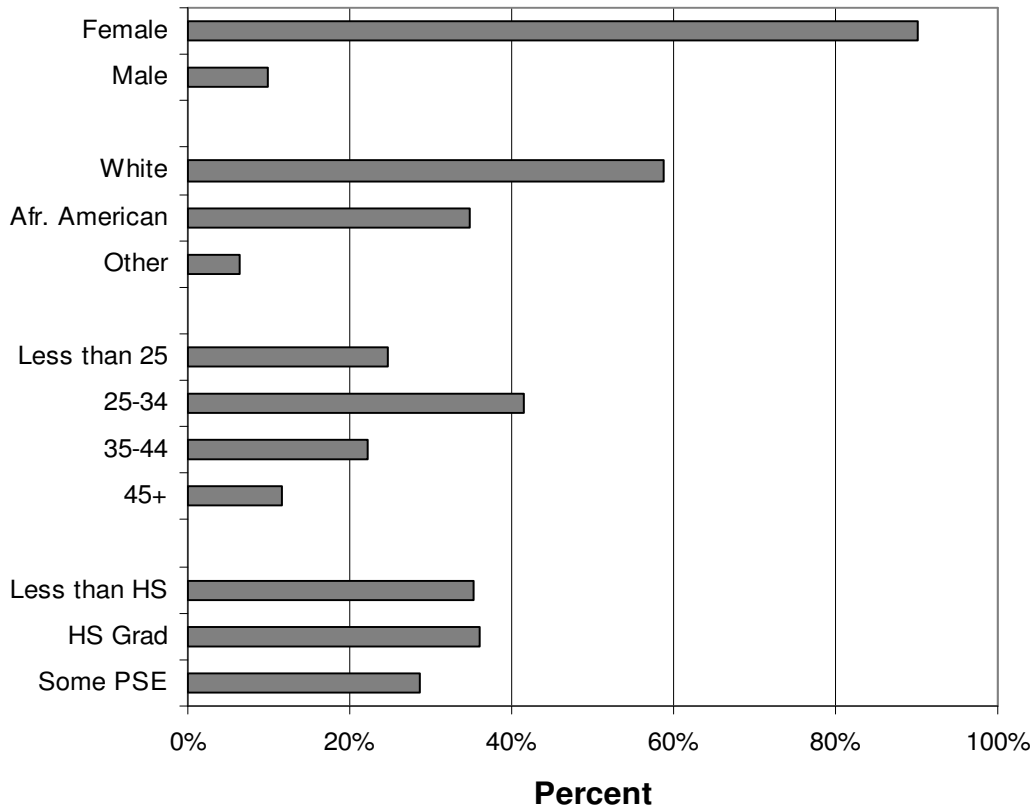
Methodological Summary

- **Survey sponsored by:** Indiana General Assembly
- **Survey conducted by:** The Survey Research Center at IUPUI.
- **Purpose of Study:** To evaluate levels of satisfaction held by TANF recipients regarding their experience with eligibility caseworkers and other staff members at local Division of Family Resources offices.
- **Questionnaire:** See Appendix A
- **Sample description:** The population for the survey was current TANF recipients in Indiana. The random sample used for the survey was drawn from a listing of phone numbers for all current TANF recipients in Indiana. The listing was provided by FSSA.
- **Sample and data collection:** Data was collected by telephone interviews. The average interview lasted for approximately 5 minutes. Respondents were initially informed that their participation was voluntary and their name would not be associated with their responses.
- **Response Rate- 44.9%** (*Response Rate is defined as the number of completed interviews divided by the number of eligible respondents in the sample.*)
 - **Cooperation Rate=82.2%** (*All completed interviews divided by all eligible respondents actually contacted.*)
 - **Refusal Rate=9.7%** (*All respondent refusals or break-offs divided by all eligible cases.*)
 - **Contact Rate=58.7%** (*All cases in which a respondent was contacted divided by the total attempts.*)
- **Weighting:** Data was not weighted
- **Sampling Error:** When using the entire sample, the margin of error for this study does not exceed +/- 4.8%.
- **Interviewing Process:** The telephone survey was conducted by the Survey Research Center at IUPUI located at Madame Walker Plaza, Suite 260, 719 Indiana Ave in Indianapolis, IN. The survey was carried out by supervised interviewers working at the SRC. A total of 416 interviews were completed between September 19, 2006 and October 7, 2006.

Findings

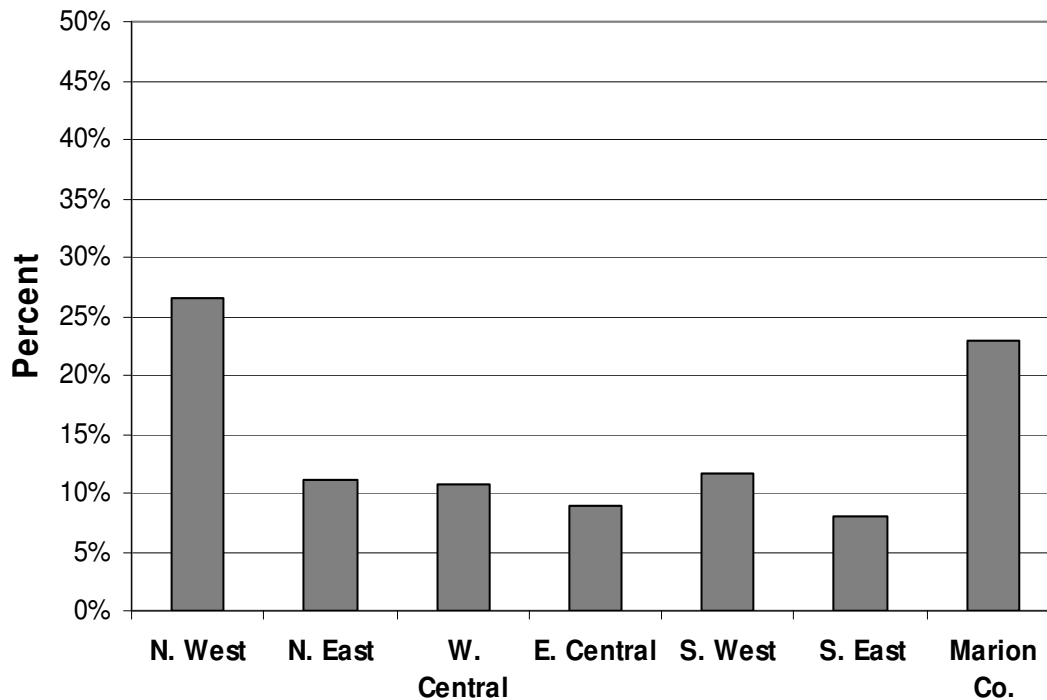
Respondent Demographics

Figure 1: Frequencies for Gender, Race, Age, and Education Level



The majority of respondents were female. Female respondents outnumbered male respondents 9 to 1. Nearly sixty percent (58.4%) were white or European American. African Americans comprised almost thirty five percent (34.6%) of the sample. Regarding age, the majority of respondents fell into the age range of twenty-five to thirty-four year olds. Thirty-five to forty-four year old respondents and those younger than twenty-five were almost equally represented at 22.2% and 24.6% respectively. Percentages of respondents who had attained their high school diploma and those who had attended high school without graduating were nearly equal; 35.1% and 35.8%, respectively.

Figure 2: Geographic Distribution of Respondents by DFR Region



The largest group of survey respondents reside the North West Division of Family Resources region (*Fig. 2*). This area accounted for over a quarter (26.6%) of the respondents while twenty three percent (23%) resided in Marion County. A list of all Division of Family Resources regions and their respective counties can be found in the Appendix D.

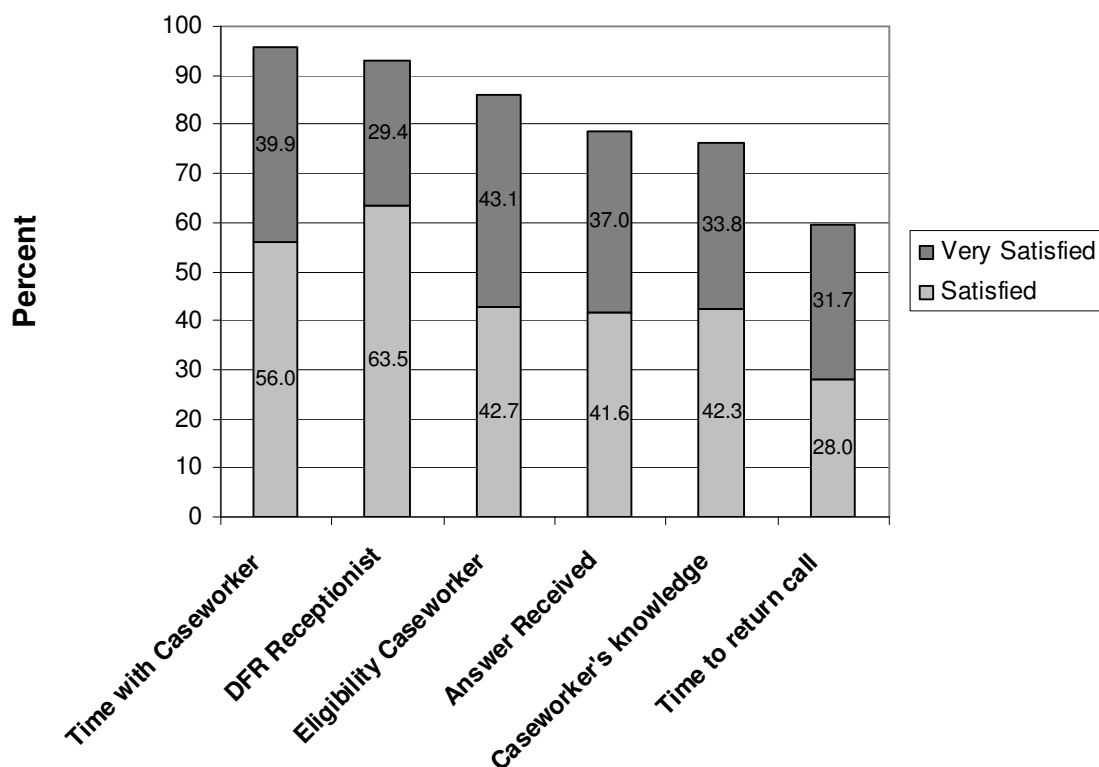
Caseload Size

The committee asked several series of questions relating to TANF recipients' experiences when visiting their local Dept. of Family Resources office. The questions inquired about various aspects of the visit including but not limited to the recipient's satisfaction with their caseworker, information and help received, the length of time involved in scheduling an appointment as well as receiving a return phone call from their caseworker. The questions were intended to determine caseload size and its effect on the provision of services.

(The following points refer to Figure 3.)

- Nearly ninety three percent (92.9%) of all respondents were satisfied or very satisfied with their interaction with the receptionist at their last DFR office visit.
- Over eighty five percent (85.9%) were satisfied or very satisfied with their eligibility caseworker during their most recent DFR appointment.

Figure 3: Level of Satisfaction with DFR Staff and Office Visit

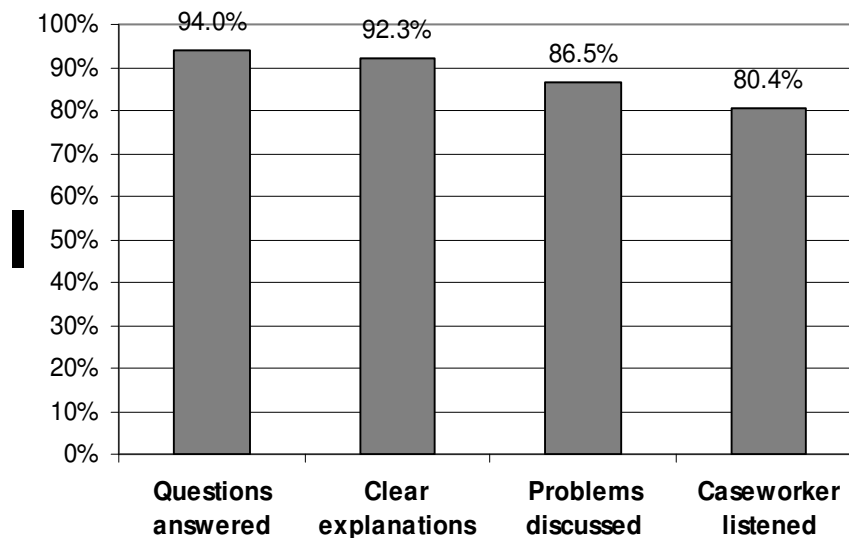


- More than 3 out of 4 respondents (76.2%) felt satisfied with their caseworker's knowledge about DFR programs and benefits
- Over half of the respondents (59.8%) were satisfied with the amount of time it took to return their call to their DFR office. Over seventy eight percent (78.6%) were satisfied with the information given by the person returning their call.
- Over ninety five percent (95.4%) were satisfied with the amount of time spent with their caseworker at their most recent appointment .

(The following points refer to Figure 4.)

- Ninety four percent (94%) felt they had adequate time to ask all the questions they wanted to ask of their caseworker.
- Approximately eighty six percent (86.5%) felt they had adequate time to explain any problems they were facing. And slightly more than eighty percent (80.4%) felt their caseworker listened to their ideas when discussing future plans

Figure 4: Quality of Information Received From DFR Staff



- The great majority of respondents (92.7%) indicated that their caseworker had explained issues to them in understandable terms.
- More than sixty percent (61.1%) reported a wait time of one week or less between scheduling their most recent appointment with their caseworker and the appointment time (*Fig. 5*).

Figure 5: Time From Call to Caseworker Until Meeting

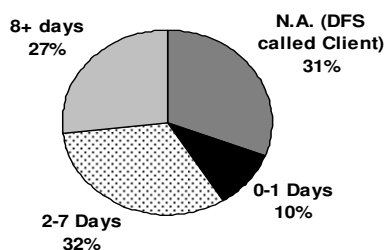
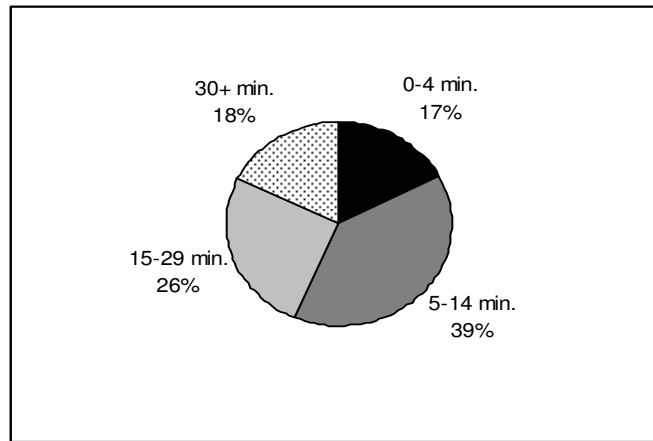
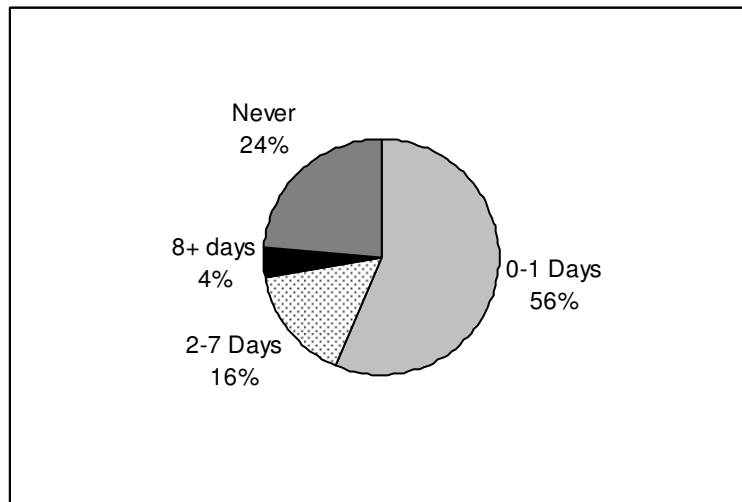


Figure 6: Minutes Waited In Lobby After Scheduled Appointment Time



- More than half (56.2%) reported waiting in the lobby less than 15 minutes before their scheduled appointment (*Fig. 6*).
- Two thirds (66%) of respondents had called their local DFR office with a question in the past six months.
- A sizeable majority (95.2%) of respondents had tried to contact their caseworker by phone. More than half (56.4%) received a return phone call from their caseworker in 24 hours or less (*Fig. 7*).

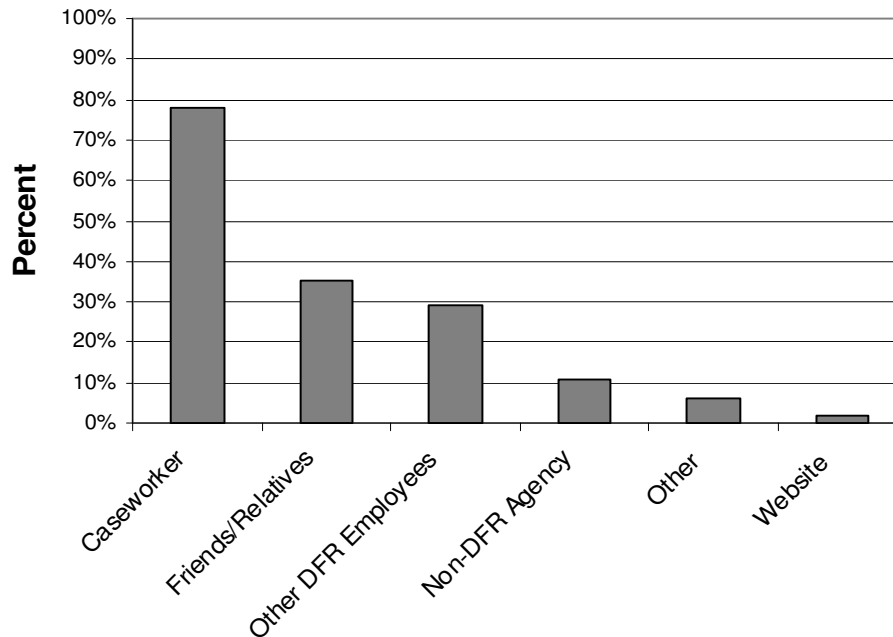
Figure 7: Time from Call to Caseworker Until S/he Returned Call



Documentation Requirements

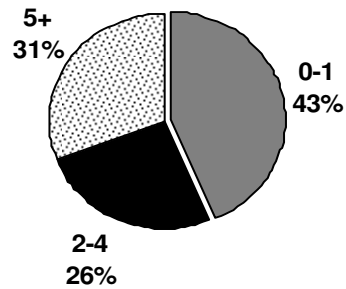
The questions concerning documentation requirements asked respondents about their experiences when initially applying for TANF eligibility as well as the re-determination process when applicable.

Figure 8: People Who Helped With Initial Application for Benefits



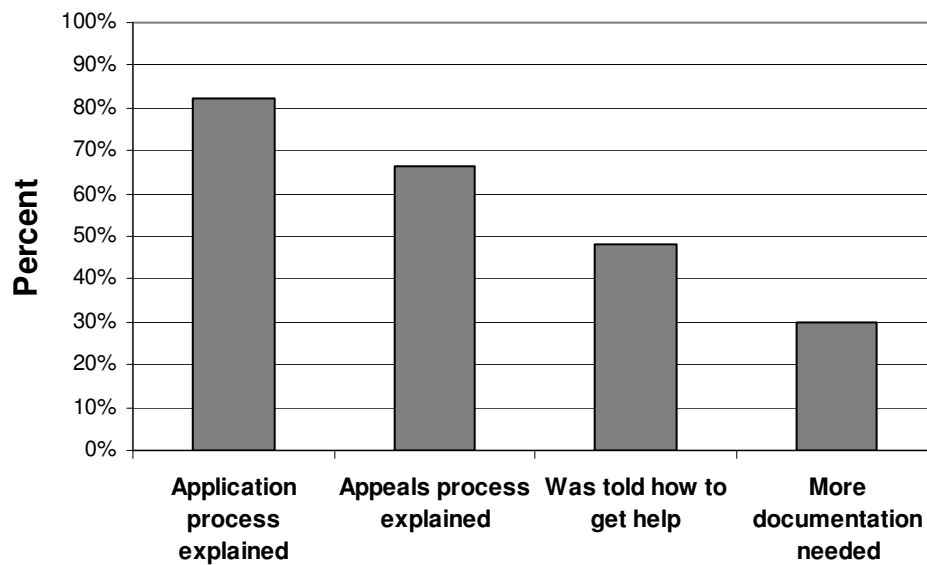
- **Initial Application:** Nearly eighty percent (77.9%) of respondents reported that their caseworker had provided help when they were initially applying for benefits (Fig. 8). Approximately forty eight percent (48.2%) specified that someone at their local DFR office had explained how to get help completing the application. More than eighty percent (82.3%) received an explanation regarding the application evaluation process. Two thirds (66.3%) were given an explanation of the appeals process. Thirty percent (30%) said during the initial application process they were required to provide more documentation than they had originally been told.

Figure 9: Hours Spent Completing Initial Application



- Sixty nine percent (69.3%) reported needing less than 5 hours to collect needed documentation and complete the application (*Fig. 9*).
- Eighty two percent (82.3%) said someone at their local DFR office explained what would happen after their application had been submitted. Sixty six percent (66.3%) reported that the appeals process was also explained to them by a DFR staff member. Forty eight percent (48.2%) said a DFR staff member had explained how to get help filling out the application. Thirty percent (30%) were required to provide more documentation than originally advised (*Fig. 10*).

Figure 10: Other Initial Application Experiences



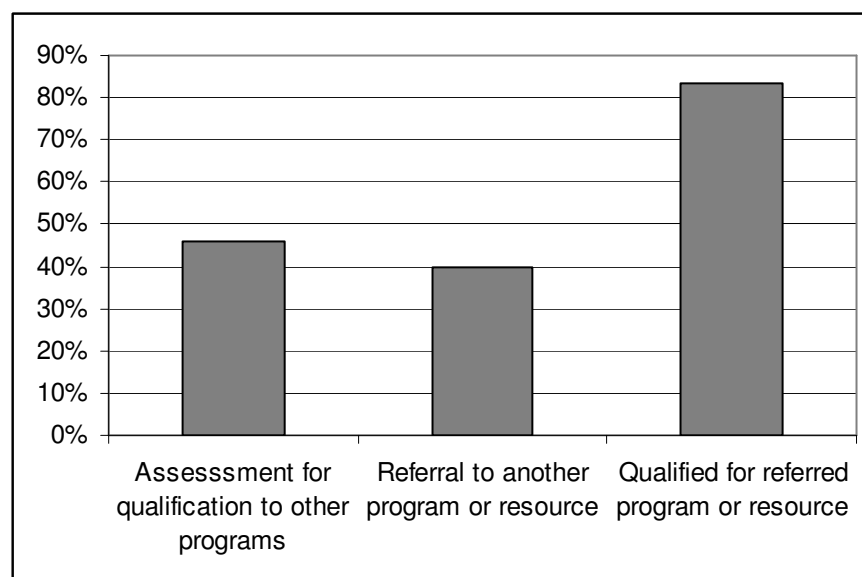
- **Re-Determination:** Nearly sixty nine percent (68.6%) of respondents had prepared eligibility re-determination documents for the TANF program. More than fifty five percent (56.5%) reported needing less than 2 hours to collect documentation needed for re-determination. More than ninety two percent (92.8%) were satisfied with re-determination help they received from their caseworker and DFR staff. For their most recent re-determination appointment, approximately fifty eight percent (58.2%) reported bringing all needed documents and slightly over thirty seven percent (37.5%) said they brought most of the required documents.
- Slightly over half (51.7%) reported being asked to provide documents they had previously provided.

Service Coordination

The questions directed at service coordination were intended to address whether TANF recipients were having to interrupt their work or schooling to meet with caseworkers, and find out if they were properly being referred to other community services and determine if the integration of services through FSSA worked well.

- Almost forty six percent (45.9%) of respondents reported they are currently working, in school or receiving job training.
- Over eighty percent (81.5%) reported no missed hours of work, school, or training because to their most recent DFR appointment.
- Forty six percent (46.1%) report that they have been assessed by their caseworker for qualification for other programs and benefits. Nearly forty percent (39.6%) have been referred to another benefit, program or community resource for help by their caseworker. Over eighty two percent (82.3%) said they qualified for the program or benefit to which they were referred (*Fig. 11*).

Figure 11: Respondents Who Had Been Assessed, Referred, and Had Qualified for Another Program or Resource



Conclusion

Problems with caseload size: There is no evidence to show that there is significant dissatisfaction among TANF recipients in their interactions with DFR caseworkers and staff. Highest levels of satisfaction (over 90% satisfied) were found regarding the amount of time they were able to spend with their caseworker and the manner in which they were treated by receptionists and caseworkers. Most TANF recipients report hearing back from their caseworker within one day of trying to reach them by phone. Some clients to report dissatisfaction but this was not found to be a system-wide problem or even significant at the level of the DFR Administrative regions.

Problems with documentation requirements: Over three-fourths of TANF recipients report receiving help completing eligibility documentation from their caseworker. The least used resource was the DFR Website (used by less than 2% of respondents). About two-thirds of recipients reported spending up to four hours completing the documentation. Completion time was significantly reduced among those who had completed re-determination documents; over half needed less than 2 hours to complete the forms. Over 90% were satisfied with the assistance they received in completing re-determination documents. However slightly more than half (52%) reported being asked to provided documents they had already provided.

Problems with service coordination: About half of TANF recipients are also working or in school but less than 20% of those report missing any time in order to meet with their caseworker. About 40% are referred for other benefits and more than 80% of those were qualified for the assistance for which they were referred.

APPENDICES

A. Questionnaire

TANF Participant Study - 2006

Hello, my name is (INSERT NAME). I am calling from the Indiana University Survey Research Center. May I speak with (TANF RECIPIENT)?

I am calling on behalf of the Indiana Legislative Services Agency. You have been selected to take part in this study because of your participation in the Temporary Assistance to Needy Families program. The main purpose of the study is to measure how satisfied you are with the services you have received through this program.

You are not obligated to participate in this study, but the interview should only take about 5 minutes.

1. If I have your permission I would like to begin by asking, when was the last time you visited your local Division of Family Resources or DFR office to see an eligibility caseworker? (INTERVIEWER: SELECT MOST APPROPRIATE CATEGORY)

1. Within the past week,
2. Within the past month,
3. Within the past three months, or
4. More than three months ago?
8. DK
9. REF

2. In what county was this DFR office located?

_____ county
(99=DK 99=REF)

3. What was the main reason you went to see an eligibility caseworker? Was it for:

1. An initial eligibility determination for the TANF program,
2. A re-determination of eligibility for the TANF program, or
3. Some other reason?
8. DK
9. REF

3a. (IF Q3=3) What was the other reason?

I am going to ask you some questions about how satisfied you were with different aspects of your last visit to the DFR office. After each of these six questions I want you to tell me if you were very satisfied, satisfied, dissatisfied or very dissatisfied.

4. First, please tell me how satisfied you were with the receptionist on your last visit at the DFR local office? Would you say you were:

1. Very satisfied,
2. Satisfied,
3. Dissatisfied or
4. Very dissatisfied?
8. DK
9. REF

4a. (IF Q4 = 3 or 4) Why were you dissatisfied? _____

5. How satisfied were you with your eligibility caseworker at your last appointment? Would you say you were:

1. Very satisfied,
2. Satisfied,
3. Dissatisfied or
4. Very dissatisfied?
8. DK
9. REF

5a. (IF Q5 = 3 or 4) Why were you dissatisfied? _____

6. Have you called your local DFR office with a question in the past six months?

1. Yes
2. No
8. DK
9. REF

(IF Q6 > 1, SKIP TO Q9)

7. How satisfied were you with the time it took them to return your call? Would you say you were:

1. Very satisfied,
2. Satisfied,
3. Dissatisfied or
4. Very dissatisfied?
8. DK
9. REF

7a. (IF Q7 = 3 or 4) Why were you dissatisfied? _____

8. How satisfied were you that the person who returned your call could answer your question adequately? Would you say you were:

1. Very satisfied,
2. Satisfied,
3. Dissatisfied or
4. Very dissatisfied?
8. DK
9. REF

8a. (IF Q8 = 3 or 4) Why were you dissatisfied? _____

9. How satisfied are you that your caseworker is knowledgeable about other programs and benefits that you might qualify for? Would you say you were:

1. Very satisfied,
2. Satisfied,
3. Dissatisfied or
4. Very dissatisfied?
8. DK
9. REF

9a. (IF Q9 = 3 or 4) Why were you dissatisfied? _____

10. How satisfied are you with the amount of time you had with your caseworker at your last appointment? Would you say you were:

1. Very satisfied,
2. Satisfied,
3. Dissatisfied or
4. Very dissatisfied?
8. DK
9. REF

10a. (IF Q10 = 3 or 4) Why were you dissatisfied? _____

11. At your last meeting with your caseworker, was there enough time for you to ask all the questions you wanted to ask?

1. Yes
2. No
3. (VOLUNTEERED: I didn't have any questions)
8. DK
9. REF

12. At your last appointment with your caseworker, was there enough time for you to explain the problems you are facing?

- 1. Yes
- 2. No
- 3. (VOLUNTEERED: I didn't try to explain my problems)
- 8. DK
- 9. REF

13. At your last appointment, did your eligibility caseworker listen to your ideas when discussing your future plans?

- 1. Yes
- 2. No
- 3. (VOLUNTEERED: I didn't try to explain my ideas)
- 8. DK
- 9. REF

14. At your last appointment, did your eligibility caseworker explain things to you in terms that were easy to understand?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

15. When you called to schedule your last appointment with your caseworker, how long did it take from the time you called until the appointment date? (INTERVIEWER: SELECT MOST APPROPRIATE CATEGORY)

- 1. Same day
- 2. Next day
- 3. Within a week
- 4. Within two weeks
- 5. Within a month
- 6. More than a month
- 8. DK
- 9. REF

16. When you arrived for your last appointment, how long after your scheduled appointment time did you have to wait in the lobby to see your caseworker?

1. Less than five minutes
2. 5-14 minutes
3. 15-29 minutes
4. 30-59 minutes
5. one to two hours
6. More than two hours
8. DK
9. REF

17. Have you ever tried to contact your caseworker by phone?

1. Yes
2. No
8. DK
9. REF

(IF Q17 > 1, SKIP TO Q19)

18. The last time you tried to contact your caseworker by phone, how long was it before your caseworker returned your call?

1. Same day
2. Next day
3. Within a week
4. Within two weeks
5. Within a month
6. More than a month
7. Never returned call
8. DK
9. REF

19. Think about all the people who helped you learn what documentation and information you would need to provide when you first applied for benefits. Did you get any of this help from: (READ LIST AND CHECK ALL THAT APPLY.)

- a. Your eligibility caseworker
- b. Other employees at the DFR local office
- c. A community agency other than the DFR
- d. Your friends or relatives
- e. Website
- f. Any other source of help? _____

20. When you first applied for benefits, did anyone at the DFR local office explain how to get help filling out the application?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

21. When you first applied for benefits, did someone at the DFR local office explain what would happen after the application was submitted?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

22. When you first applied for benefits, did someone at the DFR local office explain the appeals process?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

23. When you first applied for benefits, were you required to provide more documentation than you were originally told?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

24. When you first applied for benefits, how many hours total did it take you to collect documentation and complete the application?

(Prompt: Total up hours even if the time was spread over several days.)

_____ Hours (98=DK, 99=REF)

25. Have you ever prepared documents for re-determination of your eligibility for the TANF program?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

(IF Q25 > 1, SKIP TO Q29)

26. Think about all the documents you needed to bring to your first re-determination appointment. How satisfied were you with the information you received from DFR staff members and your caseworker regarding which documents you would need to bring?

1. Very satisfied,
2. Satisfied,
3. Dissatisfied or
4. Very dissatisfied?
8. DK
9. REF

26a. (IF Q26 = 3 or 4) Why were you dissatisfied? _____

27. In total, how long did it take you to collect all your documents for re-determination?

(Prompt: Total up hours even if the time was spread over several days.)

_____ Hours (98=DK, 99=REF)

28. At your last re-determination appointment with your eligibility caseworker, would you say:

1. you brought all of the documents you needed,
2. you brought most of the documents you needed,
3. you only brought some of the documents you needed, or
3. you didn't bring any documents with you?
8. DK
9. REF

29. Have you ever been asked to provide the documents to your caseworker that you had already provided?

1. Yes
2. No
8. DK
9. REF

30. Are you currently employed, in school or receiving any job training?

1. Yes
2. No
8. DK
9. REF

(IF Q30 > 1, SKIP TO Q32)

31. At your last appointment with your eligibility caseworker, how many hours of work, school, or training did you miss because of the appointment?

(RECORD # OF HOURS OF WORK MISSED, NOT LENGTH OF APPOINTMENT.)

_____ Hours (98=DK, 99=REF)

32. Has your eligibility caseworker assessed you and your family to determine what other programs or benefits you might qualify for?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

33. Has your eligibility caseworker ever referred you to another benefit, program, or community resource that might help you or your family?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

(IF Q33 > 1, SKIP TO Q35)

34. Did you qualify for the benefit or program you were referred to?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

35. How many TANF eligibility caseworkers have you worked with in the past 6 months?

_____ Caseworkers (98=DK, 99=REF)

36. Do you work with caseworkers other than your TANF eligibility caseworker?

- 1. Yes
- 2. No
- 8. DK
- 9. REF

(IF Q36 > 1, SKIP TO Q38)

36a. In total, how many other caseworkers do you work with?

_____ Caseworkers (98=DK, 99=REF)

The last few questions I have for you are just to make sure we have talked to a wide variety of participants in the TANF program.

37. What is the highest grade of school you completed?

1. None
2. Elementary or high school grade
3. High school diploma or equivalency diploma
4. Some post high school
5. Associates degree
6. Bachelors degree or higher
8. DK
9. REF

38. What year were you born?

_____ year (9998=DK, 9999=REF)

39. Which racial or ethnic group best describes you?

1. Asian American or Pacific Islander
2. American Indian or Native American
3. Black or African American
4. White or European American
5. Other
8. DK
9. REF

40. (INTERVIEWER: IF YOU CANNOT DETERMINE GENDER BY NOW, ASK:)
I'm sorry but I am required to ask, are you male or female?

1. Male
2. Female

END. Those are all the questions I have for you. Thank you very much for your cooperation.

B. Frequency Tables

1. Last time you visited your local DFR office and eligibility caseworker?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Within the past week,	46	11.1	11.2	11.2
	2. Within the past month,	115	27.6	28.1	39.4
	3. Within the past three months, or	151	36.3	36.9	76.3
	4. More than three months ago?	97	23.3	23.7	100.0
	Total	409	98.3	100.0	
Missing	8. DK	7	1.7		
Total		416	100.0		

2. In what county was this DFR office located?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Allen	16	3.8	3.8	3.8
	Bartholomew	3	.7	.7	4.6
	Benton	1	.2	.2	4.8
	Blackford	2	.5	.5	5.3
	Boone	1	.2	.2	5.5
	Carroll	1	.2	.2	5.8
	Cass	1	.2	.2	6.0
	Clark	5	1.2	1.2	7.2
	Clay	1	.2	.2	7.5
	Clinton	4	1.0	1.0	8.4
	Daviess	2	.5	.5	8.9
	Dearborn	3	.7	.7	9.6
	Decatur	1	.2	.2	9.9
	Dekalb	1	.2	.2	10.1
	Delaware	4	1.0	1.0	11.1
	Dubois	2	.5	.5	11.5
	Elkhart	8	1.9	1.9	13.5
	Fayette	1	.2	.2	13.7
	Floyd	10	2.4	2.4	16.1
	Fountain	1	.2	.2	16.3
	Franklin	1	.2	.2	16.6
	Fulton	3	.7	.7	17.3
	Grant	7	1.7	1.7	19.0
	Greene	1	.2	.2	19.2
	Hamilton	3	.7	.7	20.0
	Hancock	2	.5	.5	20.4
	Harrison	4	1.0	1.0	21.4
	Hendricks	1	.2	.2	21.6
	Henry	2	.5	.5	22.1

Howard	9	2.2	2.2	24.3
Huntington	2	.5	.5	24.8
Jackson	3	.7	.7	25.5
Jasper	1	.2	.2	25.7
Jefferson	1	.2	.2	26.0
Jennings	1	.2	.2	26.2
Johnson	5	1.2	1.2	27.4
Knox	5	1.2	1.2	28.6
Kosciusko	1	.2	.2	28.8
Lake	67	16.1	16.1	45.0
Laporte	10	2.4	2.4	47.4
Lawrence	2	.5	.5	47.8
Madison	11	2.6	2.6	50.5
Marion	95	22.8	22.8	73.3
Marshall	2	.5	.5	73.8
Miami	2	.5	.5	74.3
Monroe	2	.5	.5	74.8
Montgomery	1	.2	.2	75.0
Morgan	7	1.7	1.7	76.7
Noble	2	.5	.5	77.2
Orange	2	.5	.5	77.6
Owen	3	.7	.7	78.4
Parke	2	.5	.5	78.8
Pike	2	.5	.5	79.3
Porter	4	1.0	1.0	80.3
Posey	3	.7	.7	81.0
Pulaski	2	.5	.5	81.5
Putnam	1	.2	.2	81.7
Randolph	4	1.0	1.0	82.7
St. Joseph	19	4.6	4.6	87.3
Scott	2	.5	.5	87.7
Shelby	2	.5	.5	88.2
Starke	1	.2	.2	88.5
Steuben	1	.2	.2	88.7
Sullivan	1	.2	.2	88.9
Tippecanoe	6	1.4	1.4	90.4
Vanderburgh	15	3.6	3.6	94.0
Vigo	10	2.4	2.4	96.4
Wabash	2	.5	.5	96.9
Warren	1	.2	.2	97.1
Warrick	1	.2	.2	97.4
Wayne	6	1.4	1.4	98.8
Wells	1	.2	.2	99.0
Whitley	1	.2	.2	99.3
No answer/REF	3	.7	.7	100.0
Total	416	100.0	100.0	

3. Main reason you went to see an eligibility caseworker?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. An initial eligibility determination for the TANF program	57	13.7	13.8	13.8
	2. A re-determination of eligibility for the TANF program, o	309	74.3	74.6	88.4
	3. Some other reason? (SPECIFY)	48	11.5	11.6	100.0
	Total	414	99.5	100.0	
Missing	8. DK	2	.5		
Total		416	100.0		

4. Satisfaction with the receptionist on your last visit at the DFR office?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Very satisfied,	120	28.8	29.4	29.4
	2. Satisfied,	259	62.3	63.5	92.9
	3. Dissatisfied or	17	4.1	4.2	97.1
	4. Very dissatisfied?	12	2.9	2.9	100.0
	Total	408	98.1	100.0	
Missing	8. DK	8	1.9		
Total		416	100.0		

5. Satisfaction with your eligibility caseworker at your last appointment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Very satisfied,	179	43.0	43.1	43.1
	2. Satisfied,	177	42.5	42.7	85.8
	3. Dissatisfied or	33	7.9	8.0	93.7
	4. Very dissatisfied?	26	6.3	6.3	100.0
	Total	415	99.8	100.0	
Missing	8. DK	1	.2		
Total		416	100.0		

6. Called your DFR office with a question in the past six months?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	274	65.9	66.0	66.0
	2. No	141	33.9	34.0	100.0
	Total	415	99.8	100.0	
Missing	8. DK	1	.2		
Total		416	100.0		

7. Satisfaction with the time it took to return your call?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Very satisfied,	86	20.7	31.7	31.7
	2. Satisfied,	76	18.3	28.0	59.8
	3. Dissatisfied or	60	14.4	22.1	81.9
	4. Very dissatisfied?	49	11.8	18.1	100.0
	Total	271	65.1	100.0	
Missing	8. DK	3	.7		
	System	142	34.1		
	Total	145	34.9		
Total		416	100.0		

8. Satisfaction with answer given by person returning call?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Very satisfied,	95	22.8	37.0	37.0
	2. Satisfied,	107	25.7	41.6	78.6
	3. Dissatisfied or	26	6.3	10.1	88.7
	4. Very dissatisfied?	29	7.0	11.3	100.0
	Total	257	61.8	100.0	
Missing	8. DK	16	3.8		
	9. REF	1	.2		
	System	142	34.1		
	Total	159	38.2		
Total		416	100.0		

9. Satisfaction with caseworker's knowledgeable about DFR programs and benefits?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Very satisfied,	132	31.7	33.8	33.8
	2. Satisfied,	165	39.7	42.3	76.2
	3. Dissatisfied or	71	17.1	18.2	94.4
	4. Very dissatisfied?	22	5.3	5.6	100.0
	Total	390	93.8	100.0	
Missing	8. DK	26	6.3		
Total		416	100.0		

10. Satisfaction with the amount of time with caseworker at last appointment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Very satisfied,	165	39.7	39.9	39.9
	2. Satisfied,	232	55.8	56.0	95.9
	3. Dissatisfied or	15	3.6	3.6	99.5
	4. Very dissatisfied?	2	.5	.5	100.0
	Total	414	99.5	100.0	
Missing	8. DK	2	.5		
Total		416	100.0		

11. Adequate time for you to ask all the questions you wanted to ask?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	389	93.5	94.0	94.0
	2. No	19	4.6	4.6	98.6
	3. (VOLUNTEERED: I didn't have any questions)	6	1.4	1.4	100.0
	Total	414	99.5	100.0	
Missing	8. DK	2	.5		
Total		416	100.0		

12. Adequate time for you to explain the problems you are facing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	359	86.3	86.5	86.5
	2. No	42	10.1	10.1	96.6
	3. (VOLUNTEERED: I didn't try to explain my problems)	14	3.4	3.4	100.0
	Total	415	99.8	100.0	
Missing	8. DK	1	.2		
Total		416	100.0		

13. Did your eligibility caseworker listen to your ideas when discussing your future plans?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	332	79.8	80.4	80.4
	2. No	55	13.2	13.3	93.7
	3. (VOLUNTEERED: I didn't try to explain my ideas)	26	6.3	6.3	100.0
	Total	413	99.3	100.0	
Missing	8. DK	3	.7		
Total		416	100.0		

14. Did your eligibility caseworker explain things to you in understandable terms?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	382	91.8	92.7	92.7
	2. No	30	7.2	7.3	100.0
	Total	412	99.0	100.0	
Missing	8. DK	4	1.0		
Total		416	100.0		

15. Length of time from scheduling phone call until appointment?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Same day	16	3.8	5.6	5.6
	2. Next day	27	6.5	9.5	15.1
	3. Within a week	131	31.5	46.0	61.1
	4. Within two weeks	66	15.9	23.2	84.2
	5. Within a month	38	9.1	13.3	97.5
	6. More than a month	7	1.7	2.5	100.0
	Total	285	68.5	100.0	
Missing	8. DK	127	30.5		
	9. REF	4	1.0		
	Total	131	31.5		
Total		416	100.0		

16. How long after your scheduled appointment time did you have to wait in the lobby?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Less than five minutes	69	16.6	17.1	17.1
	2. 5-14 minutes	158	38.0	39.1	56.2
	3. 15-29 minutes	105	25.2	26.0	82.2
	4. 30-59 minutes	49	11.8	12.1	94.3
	5. one to two hours	22	5.3	5.4	99.8
	6. More than two hours	1	.2	.2	100.0
	Total	404	97.1	100.0	
Missing	8. DK	12	2.9		
Total		416	100.0		

17. Have you ever tried to contact your caseworker by phone?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	396	95.2	95.2	95.2
	2. No	20	4.8	4.8	100.0
	Total	416	100.0	100.0	

18. How long was it before your caseworker returned your call

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Same day	129	31.0	33.2	33.2
	2. Next day	90	21.6	23.2	56.4
	3. Within a week	61	14.7	15.7	72.2
	4. Within two weeks	10	2.4	2.6	74.7
	5. Within a month	5	1.2	1.3	76.0
	6. More than a month	1	.2	.3	76.3
	7. Never returned call	92	22.1	23.7	100.0
	Total	388	93.3	100.0	
Missing	8. DK	7	1.7		
	9. REF	1	.2		
	System	20	4.8		
	Total	28	6.7		
Total		416	100.0		

19. When first applying for benefits did you get help from...?

		Responses		Percent of Cases
		N	Percent	
provided help(a)	1. Your eligibility caseworker	311	48.4%	77.9%
	2. Other employees at the DFR local office	116	18.0%	29.1%
	3. A community agency other than the DFR	44	6.8%	11.0%
	4. Your friends or relatives	140	21.8%	35.1%
	5. Website	8	1.2%	2.0%
	6. Any other source of help? (SPECIFY)	24	3.7%	6.0%
Total		643	100.0%	161.2%

20. Did anyone at the DFR local office explain how to get help filling out the application?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	196	47.1	48.2	48.2
	2. No	211	50.7	51.8	100.0
	Total	407	97.8	100.0	
Missing	8. DK	9	2.2		
Total		416	100.0		

21. Did someone at the DFR local office explain what would happen after the application's submission?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	334	80.3	82.3	82.3
	2. No	72	17.3	17.7	100.0
	Total	406	97.6	100.0	
Missing	8. DK	10	2.4		
Total		416	100.0		

22. Did someone at the DFR local office explain the appeals process?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	267	64.2	66.3	66.3
	2. No	136	32.7	33.7	100.0
	Total	403	96.9	100.0	
Missing	8. DK	12	2.9		
	9. REF	1	.2		
	Total	13	3.1		
Total		416	100.0		

23. Were you required to provide more documentation than you were originally told?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	120	28.8	30.0	30.0
	2. No	280	67.3	70.0	100.0
	Total	400	96.2	100.0	
Missing	8. DK	16	3.8		
Total		416	100.0		

24. How many hours total for documentation collection and completion of application?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	13	3.1	3.8	3.8
	1	136	32.7	39.8	43.6
	2	59	14.2	17.3	60.8
	3	22	5.3	6.4	67.3
	4	7	1.7	2.0	69.3
	5	6	1.4	1.8	71.1
	6	5	1.2	1.5	72.5
	7	3	.7	.9	73.4
	8	4	1.0	1.2	74.6
	10	6	1.4	1.8	76.3
	12	6	1.4	1.8	78.1
	16	2	.5	.6	78.7
	20	3	.7	.9	79.5
	24	37	8.9	10.8	90.4
	32	1	.2	.3	90.6
	36	1	.2	.3	90.9
	48	18	4.3	5.3	96.2
	60	1	.2	.3	96.5
	72	10	2.4	2.9	99.4
	96	1	.2	.3	99.7
	97	1	.2	.3	100.0
	Total	342	82.2	100.0	
Missing	98	74	17.8		
Total		416	100.0		

25. Have you ever prepared eligibility re-determination documents for the TANF program?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	282	67.8	68.6	68.6
	2. No	129	31.0	31.4	100.0
	Total	411	98.8	100.0	
Missing	8. DK	5	1.2		
Total		416	100.0		

26. Satisfaction with re-determination help from DFR staff and caseworker?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Very satisfied,	114	27.4	41.3	41.3
	2. Satisfied,	142	34.1	51.4	92.8
	3. Dissatisfied or	12	2.9	4.3	97.1
	4. Very dissatisfied?	8	1.9	2.9	100.0
	Total	276	66.3	100.0	
Missing	8. DK	6	1.4		
	System	134	32.2		
	Total	140	33.7		
Total		416	100.0		

27. Total hours to collect re-determination documentation?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	22	5.3	9.5	9.5
	1	109	26.2	47.0	56.5
	2	30	7.2	12.9	69.4
	3	9	2.2	3.9	73.3
	4	4	1.0	1.7	75.0
	5	3	.7	1.3	76.3
	6	1	.2	.4	76.7
	7	1	.2	.4	77.2
	8	3	.7	1.3	78.4
	10	2	.5	.9	79.3
	12	3	.7	1.3	80.6
	15	2	.5	.9	81.5
	20	1	.2	.4	81.9
	21	1	.2	.4	82.3
	24	25	6.0	10.8	93.1
	30	1	.2	.4	93.5
	48	10	2.4	4.3	97.8
	60	1	.2	.4	98.3
	72	2	.5	.9	99.1
	73	1	.2	.4	99.6
	88	1	.2	.4	100.0
	Total	232	55.8	100.0	
Missing	98	48	11.5		
	99	2	.5		
	System	134	32.2		
Total	Total	184	44.2		
		416	100.0		

28. At last re-determination appointment, would you say:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. you brought all of the documents you needed,	160	38.5	58.2	58.2
	2. you brought most of the documents you needed,	103	24.8	37.5	95.6
	3. you only brought some of the documents you needed, or	10	2.4	3.6	99.3
	4. you didn't bring any documents with you?	2	.5	.7	100.0
	Total	275	66.1	100.0	
Missing	8. DK	7	1.7		
	System	134	32.2		
	Total	141	33.9		
Total		416	100.0		

29. Have you ever been asked to provide documents that you had already provided?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	213	51.2	51.7	51.7
	2. No	199	47.8	48.3	100.0
	Total	412	99.0	100.0	
Missing	8. DK	4	1.0		
Total		416	100.0		

30. Are you currently employed, in school or receiving any job training?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	191	45.9	45.9	45.9
	2. No	225	54.1	54.1	100.0
	Total	416	100.0	100.0	

31. How many hours of work, school, or training did you miss for your last DFR appt.?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	150	36.1	81.5	81.5
	1	6	1.4	3.3	84.8
	2	13	3.1	7.1	91.8
	3	2	.5	1.1	92.9
	4	4	1.0	2.2	95.1
	5	2	.5	1.1	96.2
	8	5	1.2	2.7	98.9
	10	2	.5	1.1	100.0
	Total	184	44.2	100.0	
Missing	98	7	1.7		
	System	225	54.1		
	Total	232	55.8		
Total		416	100.0		

32. Assessment for qualification to other programs or benefits?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	188	45.2	46.1	46.1
	2. No	220	52.9	53.9	100.0
	Total	408	98.1	100.0	
Missing	8. DK	8	1.9		
Total		416	100.0		

33. Referral to another benefit, program, or community resource for help?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	163	39.2	39.6	39.6
	2. No	249	59.9	60.4	100.0
	Total	412	99.0	100.0	
Missing	8. DK	4	1.0		
Total		416	100.0		

34. Did you qualify for the benefit or program you were referred to?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	129	31.0	83.2	83.2
	2. No	26	6.3	16.8	100.0
	Total	155	37.3	100.0	
Missing	8. DK	8	1.9		
	System	253	60.8		
	Total	261	62.7		
Total		416	100.0		

35. TANF eligibility caseworkers in the past 6 months?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	.5	.5	.5
	1	289	69.5	69.5	70.0
	2	86	20.7	20.7	90.6
	3	25	6.0	6.0	96.6
	4	7	1.7	1.7	98.3
	5	2	.5	.5	98.8
	6	1	.2	.2	99.0
	11	1	.2	.2	99.3
	98	3	.7	.7	100.0
	Total	416	100.0	100.0	

36. Caseworkers other than your TANF eligibility caseworker?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Yes	75	18.0	18.0	18.0
	2. No	337	81.0	81.0	99.0
	8. DK	4	1.0	1.0	100.0
	Total	416	100.0	100.0	

36A. In total, how many other caseworkers do you work with?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	.2	1.3	1.3
	1	50	12.0	66.7	68.0
	2	15	3.6	20.0	88.0
	3	6	1.4	8.0	96.0
	4	1	.2	1.3	97.3
	5	1	.2	1.3	98.7
	6	1	.2	1.3	100.0
	Total	75	18.0	100.0	
Missing	System	341	82.0		
Total		416	100.0		

37. Highest grade of school completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2. Elementary or high school grade	146	35.1	35.3	35.3
	3. High school diploma or equivalency diploma	149	35.8	36.0	71.3
	4. Some post high school	83	20.0	20.0	91.3
	5. Associates degree	26	6.3	6.3	97.6
	6. Bachelors degree or higher	10	2.4	2.4	100.0
	Total	414	99.5	100.0	
Missing	8. DK	1	.2		
	9. REF	1	.2		
	Total	2	.5		
Total		416	100.0		

38. Year of Birth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1919	2	.5	.5	.5
	1948	1	.2	.2	.7
	1950	3	.7	.7	1.4
	1953	4	1.0	1.0	2.4
	1954	2	.5	.5	2.9
	1955	1	.2	.2	3.1
	1956	2	.5	.5	3.6
	1957	7	1.7	1.7	5.3
	1958	6	1.4	1.4	6.8
	1959	4	1.0	1.0	7.7
	1960	9	2.2	2.2	9.9
	1961	7	1.7	1.7	11.6
	1962	7	1.7	1.7	13.3
	1963	7	1.7	1.7	15.0
	1964	10	2.4	2.4	17.4
	1965	4	1.0	1.0	18.4
	1966	4	1.0	1.0	19.3
	1967	12	2.9	2.9	22.2
	1968	8	1.9	1.9	24.2
	1969	10	2.4	2.4	26.6
	1970	9	2.2	2.2	28.7
	1971	21	5.0	5.1	33.8
	1972	11	2.6	2.7	36.5
	1973	14	3.4	3.4	39.9
	1974	13	3.1	3.1	43.0
	1975	11	2.6	2.7	45.7

1976	14	3.4	3.4	49.0
1977	21	5.0	5.1	54.1
1978	15	3.6	3.6	57.7
1979	21	5.0	5.1	62.8
1980	26	6.3	6.3	69.1
1981	26	6.3	6.3	75.4
1982	17	4.1	4.1	79.5
1983	28	6.7	6.8	86.2
1984	14	3.4	3.4	89.6
1985	18	4.3	4.3	94.0
1986	14	3.4	3.4	97.3
1987	8	1.9	1.9	99.3
1988	1	.2	.2	99.5
1989	1	.2	.2	99.8
1991	1	.2	.2	100.0
Total	414	99.5	100.0	
Missing 9999	2	.5		
Total	416	100.0		

39. Which racial or ethnic group best describes you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Asian American or Pacific Islander	2	.5	.5	.5
	2. American Indian or Native American	4	1.0	1.0	1.4
	3. Black or African American	144	34.6	34.8	36.2
	4. White or European American	243	58.4	58.7	94.9
	5. Other	21	5.0	5.1	100.0
	Total	414	99.5	100.0	
Missing	9. REF	2	.5		
Total		416	100.0		

40. Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1. Male	41	9.9	9.9	9.9
	2. Female	375	90.1	90.1	100.0
	Total	416	100.0	100.0	

C. Open-Ended Responses

Q4A: Reason for respondent's dissatisfaction with DFR receptionist

The person who took my information was rude and talked crazy to me and made me wait unnecessarily

She had a rude attitude when talking to me

Because she had an attitude.

Attitudes

She wasn't very friendly and she was rude

They weren't very nice. They were very rude. My caseworker is very rude too can never get hold of her with and problems have to call the main office to try to get hold to her.

Don't know whose fault it would be, but when you call you can never talk to a case worker have to wait for a return phone call.

Because they never greet you, they never tell you really exactly what to do to come in and sign in, anything like that, they don't seem like they're very happy to be there

The receptionist was very rude

She was extremely rude and turned her back on me and went to the computer when she acknowledged that I was there she turned her back and I stood there quite a while left what I had brought there on the counter and left never asked what I wanted and never turned back around , happen last two times I was in there.

She was rude

The receptionist said that it didn't look like I needed food and thought I was lying, and wouldn't let me see a case worker. She also schedule me with an appt that was the same time I have a parenting class and still haven't called me back to let me know if it was switched. Wouldn't give me the number of a supervisor.

She was really rude and they are always like that and they're rude to others when they walk in

They're not very nice and they're not dressed very professionally

She is very rude.

They are rude.

Because they were not professional and asking question that wasn't none of their business.

She is very rude the whole system is rude; I guess they have a job to do and they get sick of it but I truly needed this and it's not easy

Because I had to turn in papers to my caseworker and instead of her giving them to caseworker she made me wait in line and wait and the security guard ended up turning them in for her

Because they wasn't organized and they didn't have all the information for what I needed

Very rude and demeaning and they make you feel bad

Because in societies today, when I need someone to talk to and someone is trying to work with them and do something in life, they need to hear someone out and help

A lot of times there not that friendly, and they will not acknowledge the fact that you're standing there until they are good and ready. Than they will call on you.

Because she was snappy with me.

She was not helpful at all and she was rude

She is a little rude. She doesn't acknowledge your presence until she feels like it and then there is no hello. She is not very personable at all.

They were rude and disrespectful to me

She wasn't very friendly. She was rude like always.

She told me a couple of lies about what I was supposing to be getting and when I would get it. He was very rude and doesn't keep me up to date.

Q5A: Reason for respondent's dissatisfaction with their eligibility caseworker

bc caseworker given me a hard time after I lost my job. I have multiple sclerosis. She told me to bring a note from my dr and she would turn my benefits back on, but she didn't. I had to call her supervisor and go over her head. When she finally did give me my benefits she prorated it. I was supposed to 279 and she only gave me \$116. I had to go 1 month with no benefits. No check no f

She was really rude to me. she was talking crazy to me she wouldn't listen to what I was saying

Because she can't get the job done right, they act like have lack of knowledge for you

He didn't help me and they have switched me four times

She is rude, and you can't get hold of her. Leave a ton of messages and will never return my phone call. Usually call her voice mail and leave a message, after 3rd message when she doesn't call back I call the main office and ask for supervisor, and explain to them what is going on. Never once has case worker called and have to call main office to get things straightened out

They cut you off from benefits before I could my medication through Medicare for my diabetes and I've had to go through three days without my meds and they aren't doing their job downtown

Couldn't get a hold of caseworker

Because she talked to me like I was 2 year old she talks down to us every time. The lady trained to get lady on Medicaid and then when someone else walked in the room she started to change and talk to them like they were adults

She didn't really answer my questions and I felt like I was just left hanging

well she sent me a letter for recertification but didn't tell her that she needed to bring all this stuff in, like she was just signing up for it, she didn't let me know about the information so they cut off my TANF and Medicaid is pending for my children

The amount the caseworker took her tanf down to wasn't good

she messed up by saying her grandchildren could receive benefits from TANF then found out 6 months later that they couldn't so they're making her repay the amount she received for the past 6 months - I feel it was her mistake and her error and that should be on her and not me, the caseworker even said that I never mentioned it to her but I did

She was rude and she has an attitude problem

Because I was get sanction for no reason

She is rude.

she is old and I could not read her writing and I could not understand what she was telling me she didn't explain anything to me and I lost all my benefits

She cut off all my benefits and I didn't get my food stamps for two months and I had lost my job and SHE WAS JUST RUDE AND HAD A ATTITUDE THE WHOILE VISIT

B.c just her attitude. I had the same caseworker for 2 yrs. then they switched me to a younger girl. Just the way she talks, she tries to belittle you.

Because she is no help me, and I'm actually in the process of getting another caseworker.

Felt she was very rude. Really rude.

Would call and call and never call me back, would go up and leave a message and she still wouldn't call, she wouldn't want cooperate.

They cut off my food stamps berceuse I got married and he is on total disability and now we are not going to be able to eat this month. My son got an inheritance from his grandmother and they said they have to count it as income but it was for his college fund, he is only one year old

She seemed much unorganized and didn't have any idea of what she was doing.

I had to wait 3 hours for my appointment

My caseworker has a bad attitude. Acted like everything was my fault, and she was short.

Cut my income and my kids income.

She just didn't seem to have all her stuff together. she just didn't seem to know what was going on, I would call and tell her time and time again that I have a new job that I was working at this place not the old one, and redo all this and she'd still send me stuff saying that I'm working at the old place, and I'd get letters saying I'd be losing insurance because of it

I didn't like the way she spoke to me, she was being not very nice, she didn't speak nice, and there was some questions she was asking me that I couldn't answer and she just wasn't satisfied with it and got upset and treated me harshly

She has a weird way of explaining things. Comes off as a mean person.

I don't feel like they are working on my case like she should

I don't like the caseworker, she's very rude, and she talks to me rude

Because they chose to sanction me and under the state guidelines they were wrong to sanction me and now I have a hearing to appeal what they are doing.

She cant get me help she can only get me food stamps. her grandparents can't afford to keep helping her \

Talk to you like your nothing or lazy...condescending gives you a feeling like you're always trying to prove something to them...its very dehumanizing.

She is really short with me, like they make you feel like you are second class citizen because I'm in the office, the caseworker before was sweet and wonderful and didn't judge me

She was very rude and more interested in how fast she could get us out of the office. She didn't want us to be on assistance and kept telling us there were jobs out there. Tara Remsburg? Name of caseworker

Because for on thing they made up this new rule about getting birth certificates and I got fired and I'm supposed to come up with \$30 for birth certificates and I don't have any money

she was condescending and as a matter of fact I have no income and don't want to go back there I need the food stamps but I don't want her as caseworker she didn't seem to enjoy her job

She had an attitude. She acted like she didn't care. When I needed to talk to her she wasn't on things the way she should be.

He don't do nothing. [she wouldn't elaborate]

My caseworker has an attitude. it doesn't make no sense that she's like that. They cut me off- I was on assistant and the caseworker termed me for not having paperwork. My new caseworker was really mean when I had to recertify. She was the total opposite of the caseworker I had. It just her, it's not really towards me. I wouldn't be there if I didn't need the help.

They cut our food stamps by \$50. I have to look for another doctor.

Because she is not explaining things so I can understand to me and she looks at me like I'm dumb.

She's snotty, rude, and hateful. She just acted like she was better than me b/c she wasn't on the help and she was very snotty and rude.

He's a butt hole. He does so much. I got transferred to him b/c my caseworker had too many cases. When I had my one caseworker, she was easy going and would take the extra step for me. With him he makes me take the extra step and makes it harder for me to get the things I need. I asked to be transferred and he says no and I ask to speak to a supervisor and she tells me a bunch a crap.

I felt like he wasn't helping me. He was willing to take what he gave me. I had a caseworker before that recommended me for all these programs and he tries to make me do things that he know I can't do.

I've been on welfare and food stamps since I lost my job in December 2000, and I had at the time I had 4 grandchildren that I was raising, and now it's down to two. I hurt my back and knee, getting arthritis, and she constantly told me that one of the kids needed to get a regular job and not go to college and support them, I am dissatisfied with her comments, and her losing paperwork, rude!

Because I didn't like the caseworker I didn't have and she was kind of snooty

Just because of the way she acts and she doesn't answer questions she evades it and gets her paperwork done and gets you out of the office and never actually answers it

She is not friendly, she is really grumpy and I've heard that from ten other people with same caseworker

I didn't receive my food stamps and I turned in all my info\

She was hard to get a hold of and it would take so many months for things to go through

Because they are always losing documents, they come up missing, they seem to always hire caseworkers that have physical/mental handicaps, and they send mail to wrong address, don't hear you right, and cut you off

I had an appt. time, and I was waiting there an hour, and she didn't bother to check to see when my appt was, and I had to wait and the receipt even called her and I missed an appt at wishard.

She never provided me with all the info she could have. When I tried to explain all the things I accomplished with impact she didn't care. She focused on me like I was a failure.

Because I feel like she was a little rude, she just don't explain things real well like she should

He would never return my calls. I was getting papers saying that I was getting a check but I wasn't, and I called him on that and he never got back to me. Can't ever get in touch with him

I'm trying to adopt my grandson, I recently got married, my husband is on social security, and I don't get enough money

It took a very long time for any of it to get processed to any information to get back

Q7A: Reason for respondent's dissatisfaction with length of time for return call from caseworker

Because she never called me back

My caseworker closed my case and it shouldn't have been. When I went on the Tuesday to the office I was told I was a walk in. I had to start the process all over again. There was a break in my insurance and Medicaid and I have to choose Doctors and stuff all over again. My caseworker was Gregory Farmer. I sat there for recertification for two and half hours. I had a new caseworker

Just period even if I call the supervisor they never call back. I had to call the board. They had to deal with the issue because no one was helping me on 46th street.

IT TAKES THEM FOREVER TO CALL BACK. I;M STILL WAITING ON THEM TO CALLBACK FROM YESTERDAY

I took days for her to call me back

It took her two days to return my call and she left a message and I called her back and she would never be in her office. I had to go in her office to talk to her.

Every time I use d to call her she would never be there and I would leave messages for her to call me back and she would never call me back. It would take maybe a month.

It took them at least 3 days to return me

Because they don't call me back it is a least three days before they call back

They didn't get back to me so I call the next day

I called last Friday and she has not called back yet

They never returned my calls and don't ever answer their phone. 1

I've BEEN TRYING TO CALL THEM THE LAST FEW DAYS AND LEFT MESSAGES AND NO ONE HAS RETUREND MY CALL

She can never call me back within the same day. It takes day to get back with me.

Because the phone line was messed up.

Haven't returned my call yet

Because I still haven't got a phone call.

She never returns my calls I always have to call her supervisor to ask questions

It takes them from a week to two weeks to return the call

They didn't call me back at all.

They still hadn't called back he has a prescription and still can't get it yet

Because never received return phone call.

Because they don't return phone calls, they never ever do, and my caseworker never returns phone calls.

They never returned my call

It took them almost 2 days and one time they never called back and I left messages for caseworker and supervisor and neither returned my call

Couldn't get a hold of case worker

They never returned it

Caseworker wasn't call me back

I have had the run around the whole time vie been on tanf especially lately he didn't open his mouth for 2 weeks which is why haven't gotten to the impact voucher because live in the county and cant get a job and

even after that it took another day for him to call and on the third day he called promptness is and the case loads are far too large

It took them 3 days to return my call

It took a month for them to call back

Because it took her 24 hrs to return my call and I needed to talk to her that day

They sometimes take a long time to call me back

They did not return my calls.

Because they didn't return my call I had to call gain and again

They never called back so I had to keep on calling back

I never got a phone call back.

It took them too long to get back to me

IT TOOK THRE DAYS TO CALL BACK

They didn't answer the phone, they don't ever answer there phone.

Because I ended up having to contact the supervisor with a question I had.

She took to long to call me back; she might have been busy though.

They didn't call me back.

They never returned my call after I left several messages; I had to go up there.

They rarely call you back you have to constantly call

They took a week to call back

They haven't returned my call yet

I would make numerous of attempts to get hold of this woman and then I called her supervisor, but he never did anything and she still never returned my call. My food stamps got shut off because I couldn't get hold of her. I wanted to make sure she got my information. Had to wait 30 days to get recertified because of there neglect.

They never called me back I had to call again and again

They haven't' returned my calls

One of my children was getting cut off and they couldn't explain properly why it was happening and didn't explain thoroughly enough, and I've asked them over 3 times about it and I don't still get any sole answer

They don't return my calls.

They have not returned my call. Never returns calls in general.

They have a new answering machine and it is impossible to get thru to a live person.

They never returned my call I left 3 voice mails and nothing

Never called me back.

because most of the time they don't return my phone calls and I had to write 4 levels complaint letters to different caseworkers because I wasn't getting phone calls back.

They took awhile to call back

She doesn't call me back.

They never called me back

Well, I had to call her on several occasions.

Because it took me three weeks to get a returned call

I can't ever get them on the phone, I leave a message and then I wait and hope they call me back, I've went to her supervisor several times

Called her like 3 times, and took her like 2-3 days before she got back with us.

They never called back

It took a long time for them to get back to me, they say that they can be reached between 2-4pm and could never get a hold of them.

Never called back

Because nobody calls back

Because it took many times to call before I got to an operator, and I didn't leave message because I didn't think I'd get a call back, I finally got hold of a live operator

They never return call

She never called me back.

Have not returned call. Been almost three weeks

She never called me back I had to call at least three more times

They did not return my call

I never get through. His ext. is changed and every time I call up there they tell me it isn't changed and that it's still the same number but I can never get through.

Her answering machine said she'll call back when she gets the message but I think she calls back when she wants to.

Because she didn't call me back I had to call her back.

Because they never got back to me and she had to call her boss and she called me and by then my question was already answered

It took a while a caseworker to call me. About 3 days

Took about two weeks to return call.

Never returned my call

because when I called they hadn't send a letter saying my caseworker wasn't working there, so I didn't know until I called and my case was in limbo because no one had picked it up

Caseworker didn't call me back, so I had to talk to the supervisor.

They changed caseworkers on me without telling me, and I've been trying to reach my new caseworker when I found out and they haven't called me back

It takes a long time to get a call back

Well because it took them forever to call me back like 3 or 4 days

Never returned call

They never answered

Have to call her back, she never returns my call

Because she never returned the phone call

I haven't heard anything back yet and it's been about a week.

She didn't return my phone call

It took them about 2 days to call back and they said 24 hours

It took almost a month

She couldn't even give me my insurance number over the phone and it's hard for me to get there because the office is way out south and my boyfriend uses the car for work

They didn't even return my call

They never returned all three of my calls.

Because she never called me back and my food stamps got cut off

I still have not got a call back I have been calling for two weeks

didn't call me usually they call and say to leave message and you do that and they never get back with you and 3-4 days later you get some letter and how come they couldn't call me

Because I really need assistance right then and then she told me not to

They never called back

They never called back, left 10-15 messages ad never called back. Nice in person and never return calls.

They never returned call

It took a very long time for them to respond

Because she still hasn't called back

Because she never returned my call

They never called me back

She never called me back

Q8A: Reason for respondent's dissatisfaction with answers received during call back

They had me doing the impact program and went I went they said I didn't have to do it made a trip for nothing

I was told everything was taken care of the prior month and I had to get a new caseworker expedite my case so I could get some of my benefits for the September month.

Write a letter, I had to take it to the office and wait for her to get it from her mailbox.

She haven't returned my call yet

Because I have not gotten a phone call! There not answering my needs.

They couldn't answer my question and they made me wait at least three weeks

They never called me back

Hadn't called back

They never returned the call to answer question

They told me I had Medicaid through the end of the month until I got Medicare and they lied because they cut me off

Didn't call back

Never returned my calls

Thought that it was adequate they changed their answer and they got an estimate from 2 people blame supervisor had they given proper info could have went directly to the place and my efforts were a waste of time

They could not answer my question

She was short and rude.

They didn't really answer my question.

They never did return my call

They didn't know the answer to my questions and they rushed me off the phone

They couldn't answer my question at all I got the runaround

The letter I got said I could contact the supervisor if I had any problems with anything so I called about the 24 month extension I can get and the supervisor said he didn't know any thing about the 24 month extension and said he couldn't help me.

Never return call.

Never returned call.

Because I didn't get call back yet.

Didn't thoroughly answer it and she wouldn't return the call the only was I got an answer was if I called her and I don't get calls back from messages

Didn't return call.

No one returned call.

Couldn't get thru to a live person.

3 voice mails and still never returned call

Said I had to get certain things before I could get help and I couldn't get those things.

because one of my caseworkers before this one said my 24 months was used up and the caseworker before this one should have put it on hold but she didn't so I didn't get my money the last 6 months because they didn't put the rests of my months on hold so now I'm not receiving any money.

Because they gave me untruthful information about my situation and I went online to see if what they were telling me was true and it was not the truth: they don't even know what they are talking about.

I never got an answer back

She said there's nothing she can do to help

Because I had to be put on hold so she could go find out the info I needed from supervisor

Still have problems

No one returned call

First time I called to ask a question they hung up on me, second time they had an attitude as far as what she thought she told me for her answer

They never called me back

I n3ever talked to him in the last 3-4 mo.

My quest. was why would you term me off my assist. When I and this man weren't married, he wasn't in my home when I was receiving this assist. I asked what could I do from this pt. forward but she wasn't responsive to the quest. I was asking her. She didn't understand me but it eventually was taken care of. This month she cut me down to \$64/mo. for food stamps which I understand but that shouldn't

She was really not any help

She actually didn't know the answer to my quest.

Never returned call, and tried to request another caseworker

Basically the receptionist just told me to keep calling back until I got the supervisor and I wasn't satisfied at all

Never returned call

No return call.

She always gets an attitude like its coming out of her pocket

She couldn't help me out

Never returned call

And they never called back and I have been trying to call for the last two weeks

Person doesn't really want to answer your questions, and she has an attitude if you keep asking her the questions that she didn't answer.

Not if they don't call me back I feel like they're leaving me hanging

Never called back

No call back

They didn't have all of the information

Q9A: Reason for respondent's dissatisfaction with caseworker's knowledge of other programs and benefits for which respondent may qualify

I never even hear about nothing.

Doesn't share with me other programs I am qualified for.

IF SHE KNOWS ABOUT SOMETHING ELSE, SHE SURE DOESN'T TELL ME.

Because I don't know of any other things that she has mentioned

She doesn't tell me anything I had to go to work-one to find out about jobs myself

She didn't tell me about any other programs

It was not a lot of options

They don't offer anything you have to know what to asks for to be signed up for

Because I know once before I needed to ask about car repairs and the lady did not know anything at all. It took two to three weeks before I heard anything about it.

Because they didn't really tell me about any other programs

I can't get daycare and certain stuff I haven't got that I'm qualified for

The caseworker now, the impression I have now, just doesn't give a crap!

Because I cant ever reach them.

THEY DIDN'T CALL ME BACK

My disability is pending and I can't get any other help

They haven't told me that there were other programs I could qualify for

She never tells me about anything, even asked and she never tells me anything. Couple of programs she could talk to me about and she never told me about that, and I asked her but she never told me

Because I've never known any programs she never told me anything else if they had any other programs or anything

Hasn't told me about any of those

She never even told me that I was supposed to sign up for Medicare B she didn't explain that to me no nothing

Somehow they had me eligible for I don't really quite understand I was on tanf for quite sometime and they just cut me off all of a sudden

Because was never told about any other programs

I don't know when she explained that we have to have a doctor perform the physical if we go through the clinic where we have a nurse practitioner if we ask for a physician those medical records wouldn't be considered didn't tell us how to get a physician.

You walk in and they basically either you're eligible for these few things and she doesn't seem to take the extra few steps

Because she was actually rude and very nasty, treats me like a child, and she just doesn't take the time to talk to me like she should

Didn't help that much, basically it seemed like he didn't know what he was doing

She never told me anything I was eligible for

Because I have to ask the questions and he doesn't offer anything else.

He didn't know too much about anything I think he was new

I felt a little discrimination bout being a man and having 2 children and asking for help it felt like they thought I should be doing more for my family than asking them for help

I don't believe that they are very knowledgeable about programs for people with special needs children because I have one. I know there are programs out there for that because I need help.

I'm dissatisfied because she never discusses any other programs that I might qualify for.

She doesn't tell me anything.

She doesn't talk about other programs

She didn't tell me about other benefits

She doesn't offer me anything if I don't ask she doesn't tell me anything

She don't let me know nothing

She is no help to me because I had a job offer and I didn't help me with the preparation and paperwork I needed for the job.

Because she never does say anything about the other stuff I have to bring it up.

I am student and was asking him about different things before I decided to go to school, don't know if it was his fault or not, but the college I was attending told that there were certain things that my caseworker could help me with and my caseworker didn't know anything about that.

They never tell us anything about benefits

I have been actually trying to go back to work and they said if I go back to work and make \$400 or more on my paycheck then they will take me off the Medicaid and take me off of the TANF program, and so she is not really helping me with this situation.

And I need lots of help because I have four kids to take care of they don't tell you what benefits you are eligible for

Because I need help getting in school and getting a job. They Impact classes for us to take, and all we do is call places to ask them are they hiring for jobs, when they need to be taking us up to jobs to put in applications because calling a job and asking if they are hiring is not going to help me get a job.

She never knew and had to ask someone else. Then the thirty minute appointment turned into an hour because she didn't have answers to questions that I asked.

Because he don't know what he's doing

She doesn't know too much about anything

She is not very helpful. She didn't know what was going on. Acts like she doesn't have any information. I have had 7 caseworkers, and she is the only one that doesn't call and isn't helpful and she is judgmental and I am not very comfortable when I am with her.

Asked about the IMPACT program three months ago and he told me he would get me information and get me on it but he never sent me any information.

Didn't tell me about any other programs

I don't think she tells me everything.

Because hey don't tell you what and why

She didn't know things she should have known, she doesn't tell me anything.

It is her job to let me know whets going on.

She has never told me anymore programs that I might qualify for.

I wish that he could have told me about childcare expenses I'm just working to pay childcare I need to know some programs that are available for childcare

Caseworker not very knowledgeable

She hasn't mentioned any

Hasn't told me about any...other people tell me about things that caseworker should have told about and I would ask and get responses like I didn't know or they say they didn't know

Well it kind of all stems from Medicaid and they can't seem to get it right every month we go through this saying we have other insurance and we don't and she showed there is nothing in the computer

because she did not make it clear that when I got on this program I missed an appointment that I never got made aware of for Impact, since I didn't go they dropped my TANF no Medicaid and I have cysts I'm supposed to have surgery for, and my caseworker never told me that if I didn't go to meeting and we're suffering because of her mistake

She doesn't tell me about nothing

She never told us about anything.

She took one child off the Medicaid and the child didn't even know until she went to doctor (she's in college)

Because she tells me about stuff but she don't really tell me about a lot of stuff she give out information but not a lot of info

She didn't tell me how to do anything and didn't try.

She has not inform me of any other benefits I'm eligible for

He cut me off Medicaid and I'm pregnant and he isn't supposed to.

B/c we're on Medicaid and you have to go through a lot of hassle just to get someplace. And they like giving you the runaround.

Because she doesn't tell me anything if I don't ask her she doesn't tell me.

Didn't tell me anything

I don't know what he does know b/c he does not express it to me.

If you don't ask then they don't tell you. They know of places but don't have any numbers. If you call that place and you weren't referred they tell you that you need to be referred and I call my worker back and he says that they shouldn't do that. I get so frustrated that I hang up-they run me in circles

I don't think she is that knowledgeable about her job, just like I said about missing documents, they always turn up in her files, and I've had to go the extra mile to make sure she knows she has them

Every time I asked her a question she looked at me like I was crazy and she was like "we're supposed to do that?"

Because I didn't know if there way any other programs that might help with my situation.

I don't think she has really talked to me about what I was qualified for and every time that I made some mistake on something she waited until it caused me difficulty to say I should have known this some kind of document of how a procedure is to be followed maybe twice I had a lapse in benefits because I wasn't told until I receive a letter in the mail telling me so. If I didn't have

it just seems like they act like they don't know what they doing with the programs it don't seem like she was really trying to help me because imp in school full time

i've been going through a lot I rather struggle to be honest I know people who got the same caseworker as me and they make more than me and they get more and I make 6.50/hour and they say I make too much money.

Never told me about any others, she just does her basic work and then she gets me out of there

I ask her questions and she doesn't have answers to them sometimes

Every time I ask her a question I have to wait a couple days to get a response because she has to asker her supervisor or she dent understand what I am asking.

I don't talk enough to know if she knowledgeable

She never tell me about anything else but what I go to apply for

Last time I went to my recent. Someone else told me that there was a better program for me and my caseworker didn't really bother to check and said it wasn't. Even though she was unfamiliar with it

They don't tell me anything

She's never told me about other programs, she could do a little more

She doesn't really tell me what I qualify for; I'll have to ask her

Just got married and when I recertified they said that my husband made 100 to much even though his paycheck was getting garnished, so they took our kids and my husband and I off of Medicaid, and my husband is diabetic and has other problems and I am taking lot of meds too so now we cant take any meds because we cant afford them and he is diabetic. And took away out food stamps and tanf.

Could be something out there to help me raise my nephew

Never tell me anything about anything

She didn't really give us any options on any additional programs

Because they don't really tell you anything, our particular one they really don't help you find other sources for help like that

Q10A: Reason for respondent's dissatisfaction with amount spent with caseworker at most recent appointment

We didn't have much time she rushed us out of the office

I didn't get to speak with her very long

Took longer than I thought it would. Sent me to the wrong caseworker who wasn't even prepared to see me and didn't know what was going on. And they had to go get my file.

They are in a rush to get you in and out they really don't take any time with you

She wasn't really concerned about what I wanted her to know and she didn't tell me things that I needed to know

Was at the appt too long cause she didn't know what she was doing and I had other apt to go to. And asked for another caseworker but they didn't let me get a new one. Said they were sending me letters to tell me when my appt was but I never got them.

I told them situation with ex husband way behind on child support, I told them my boyfriend is helping me with bills, they said no problem, and now they knocked me off because I didn't try to sue him with child support - so wasn't a problem at first, and then all of sudden it was

She didn't put in enough time for me to help me with my situation and wants to put me in a cookie cutter box to get me out the way.

Rushed through the door

I just felt that she's pleasant person to speak to I just don't feel that anything I say to her really makes any difference

Not really had enough time

Because of who she is

They are slow. They give you a lot of run-around and if you don't have a vehicle then you can't get it.

She going to tell me I wasn't supposed to come to the office I was supposed to come over the phone and she had an attitude

She rushed me because it was going through someone else's time, because she didn't get me in when I was originally scheduled, even though I was sitting there for an hour.

Had maybe 5 minutes and he was done didn't have time to ask questions.

It was too quick; I needed it to be longer

Q26A: Reason for respondent's dissatisfaction with information received from DFR staff and casework regarding documentation needed for re-determination

My case was closed and it shouldn't have been.

every time I go i see another caseworker and they always want different documents that I don't have with me at that time and I have to return at another day and I am disabled so it is hard for me to travel

They were all just rude, never new what was right or wrong anything like that.

Because the people have a bad attitude and they don't want to help you

they didn't want to help me when my daughter ran away I found my daughter in a crack house and I couldn't make my appointment and they cut me off completely if you don't do their program and do what they want you to do, they don't want you

Because they tell you to bring in a certain amount of pay check stubs and I had to bring in more, and they tell me I make too much money.

They didn't tell me all the papers I needed and I had to hunt all these papers up and have them signed

Told me to bring something I already brought, it seems they lose stuff all the time and when they lose something it's not their fault it's our fault

They didn't tell me what to bring and if they did would have sped up the process

she would give me a list of stuff to bring and I'd bring it in and I'd get no money on card and I'll call and she'd be like we're waiting for you to bring in this or that and I was like well you didn't tell me that

Because I was missing a few documents and I had to mail them in. I didn't know I had to have all those documents.

They informed me of things that were actually required at that time and said I needed other paperwork that wasn't told to me when I asked them what I needed to bring in the beginning. They didn't tell me the process basically.

They already had all my information

They already had original documents

I just -I don't you need to be re-certified every six months. It should be once a year.

She never called me back and when I got there I didn't have anything I needed so it was a pointless trip there

She was telling me one thing in a letter and the people at the front were telling me something different.

I didn't get any information from them

Because they didn't tell me everything I needed to bring

when I first went in and applied, they gave me a list of what I needed, they wanted me to go get the bank statement but I couldn't get it because my name is not on the account but my mother was on the account and she was out of town so I had to wait a couple weeks before she got back in to town before I got my benefits

D. Division of Family Resources Regions/Counties

North West Region

Porter
Lake
Newton
Jasper
LaPorte
Starke
Pulaski
St. Joseph
Marshall
Fulton
Cass

North East Region

Elkhart
LaGrange
Steuben
DeKalb
Nobel
Kosciusko
Whitley
Allen
Miami
Wabash
Huntington
Wells
Adams
Grant
Blackford

West Central Region

Benton
White
Carroll
Howard
Tipton
Clinton
Tippecanoe
Warren
Fountain
Vermillion
Parke

Montgomery
Boone

(West Central, con't)

Hamilton
Hendricks
Putnam
Morgan
Johnson

East Central Region

Jay
Randolph
Delaware
Madison
Hancock
Henry
Wayne
Union
Fayette
Rush
Shelby
Decatur
Franklin
Dearborn
Ripley
Ohio

South West Region

Vigo
Clay
Owen
Monroe
Greene
Sullivan
Knox
Daviess
Martin
Dubois
Pike
Gibson
Posey

Vanderburgh

Warrick

Spencer

South East Region

Brown

Bartholomew

Lawrence

Jackson

Jennings

Switzerland

Jefferson

Scott

Washington

Orange

Clark

Floyd

Harrison

Crawford

Perry

Marion County Region

Marion County

